

Community Guide for Preventing and Reducing Underage Drinking



Commonwealth of Virginia



GOSAP



The Governor's Office for Substance Abuse Prevention (GOSAP) is authorized under §2.2-118, *Code of Virginia*, enacted by the 2000 Virginia General Assembly. Responsibilities of GOSAP are "to assist in the coordination of substance abuse prevention activities of the Commonwealth, review substance abuse prevention expenditures by agencies of the Commonwealth, and determine the direction and appropriateness of such expenditures." The GOSAP administers the Governor's Safe and Drug-Free Schools and Communities grants as well as the Governor's Youth Community Service and Civic Engagement Mini-grants.

GOSAP Collaborative

Organized by GOSAP in 2002, the GOSAP Collaborative (the Collaborative) serves as the primary vehicle for prevention system planning and collaborative decision-making at the state level. Membership is composed of key leadership representatives from 13 agencies and organizations that share responsibility for prevention throughout the Commonwealth. Recognizing the Collaborative's significant accomplishments, Governor Timothy Kaine formally established the Collaborative in Executive Directive 4 (2006) and granted the Collaborative powers and duties in three areas: 1) collaboration to enhance capacity, improve efficiency and produce results; 2) infrastructure to sustain and integrate prevention practice; and 3) data to target resources and monitor results. The Director of GOSAP chairs the Collaborative and all agencies in the Commonwealth are charged with cooperating with the Collaborative and providing information, data, and other support requested.



Collaborative Member Agencies

- Department of Alcoholic Beverage Control
- Department of Criminal Justice Services
- Department of Education
- Department of Fire Programs
- Department of Health
- Department of Juvenile Justice
- Department of Social Services
- Department of Mental Health, Mental Retardation and Substance Abuse Services
- Department of Motor Vehicles
- Virginia National Guard
- Virginia State Police
- Virginia Tobacco Settlement Foundation

Prevention Comes First



The Governor's Prevention Comes First initiative includes a variety of efforts to promote the positive development of Virginia's youth by addressing the risk and protective factors that lead to youth gang recruitment and activity, substance abuse, delinquency, violence, school drop-out, and related adolescent problem behaviors. It coordinates the prevention activities of law enforcement, educators, state and local prevention professionals, and families throughout the Commonwealth.

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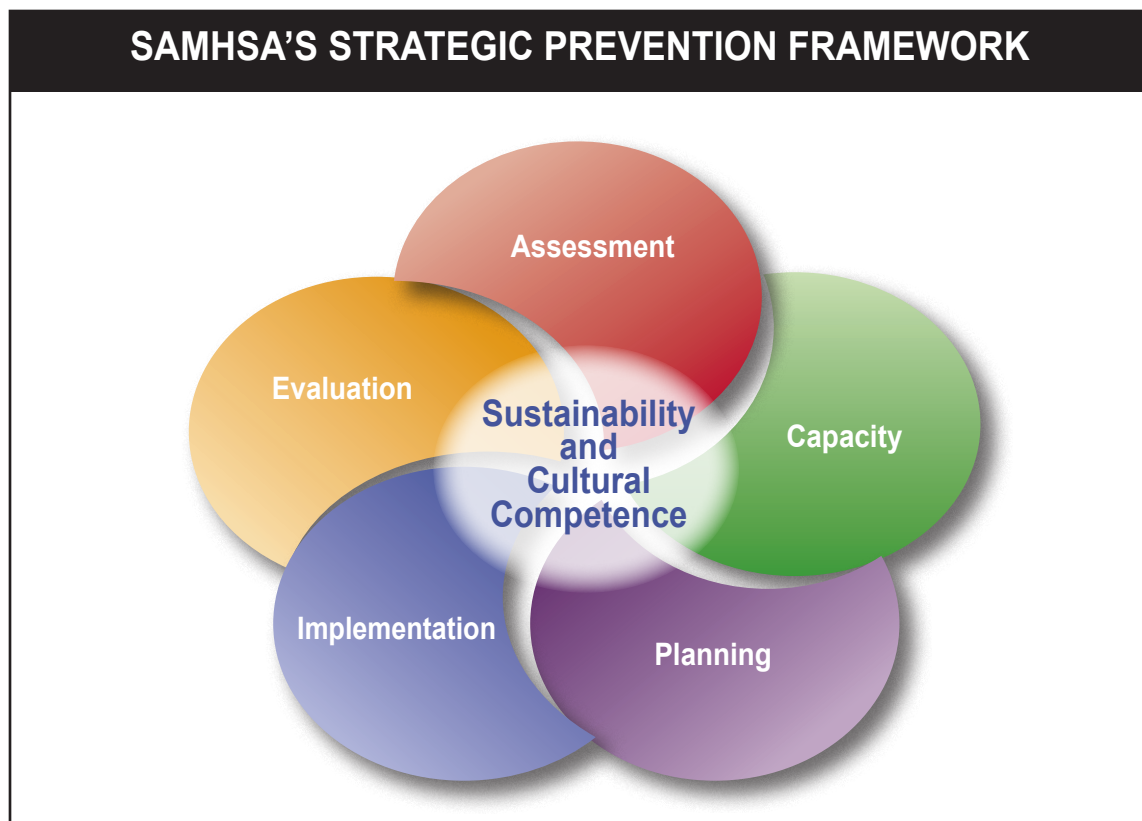
About this Guide

The purpose of this Guide is to assist Virginia communities through a systematic process of planning and implementing a comprehensive, evidence-based approach to preventing and reducing underage drinking. The Guide is designed to take community prevention coalitions through a basic step-by-step process, providing guidance for each step and directing coalitions to the most authoritative sources of information and helpful tools available. The Guide additionally provides basic information on underage drinking and its consequences and strategies that prevent/reduce the problem. At the end of the Guide are descriptions of evidence-based environmental strategies, a glossary, lists of key publications

and guides, examples of free resources available for use in community efforts to prevent and reduce underage drinking, and key federal/national and state resources.

The Guide uses as its framework for prevention planning the Strategic Planning Framework (SPF) developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The SPF is a five-step approach to prevention that supports comprehensive assessment, planning, implementation, and evaluation. The approach places a strong emphasis on implementing evidence-based practices while respecting the cultural context and promoting sustainability of prevention programming. The five-step approach is represented below in Figure 1.

Figure 1. SAMHSA's Strategic Prevention Framework



Note that the five steps in the SPF overlap in the figure above. It is important to recognize that the steps also overlap in practice. For example, when a community undertakes a needs/resource assessment, members typically begin to work on building capacity before the assessment is complete and begin to plan before capacity is fully developed. Additionally, evaluation actually begins during the implementation step and continues,

informing an updated assessment of needs. Although this Guide is designed to take community prevention coalitions through a step-by-step process, it is important to acknowledge that the process is complex and multi-dimensional; many tasks will be undertaken simultaneously and all activities will need to be tailored to the community contexts where they are implemented.

Underage Drinking and Its Consequences

“Underage alcohol consumption in the United States is a widespread and persistent public health and safety problem that creates serious personal, social, and economic consequences for adolescents, their families, communities, and the Nation as a whole... The prevention and reduction of underage drinking and treatment of underage youth with alcohol use disorders (AUDs) are therefore important public health and safety goals.”

Kenneth P. Moritsugu, M.D., M.P.H., Acting Surgeon General
The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking

Underage Alcohol use—

- **Is a major cause of death from injuries among young people in the United States.** Each year, approximately 5,000 people under the age of 21 die as a result of underage drinking; this includes about 1,900 deaths from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drownings.
- **Increases the risk of carrying out, or being a victim of, a physical or sexual assault.**
- **Can affect the body in many ways.** The effects of alcohol range from hangovers to death from alcohol poisoning.
- **Affects how well a young person judges risk and makes sound decisions.** For example, after drinking, a teen may see nothing wrong with driving a car or riding with a driver who has been drinking.
- **Plays a significant role in risky sexual activity.** This can increase the chance of teen pregnancy and sexually transmitted diseases (STDs), including HIV, the virus that causes AIDS.
- **Can lead to other problems.** These may include poor grades in school, run-ins with the law, and drug use.
- **Can harm the growing brain, especially when teens drink a lot.** Today we know that the brain continues to develop from birth through the teen years into the mid-20s.¹
- **Makes a person more likely to have alcohol related problems throughout life.**²

Crimes, Injuries, and Fatalities

Underage drinking is involved in a large percentage of crimes, injuries, and fatalities involving teens. According to the Pacific Institute for Research and Evaluation (PIRE), alcohol is involved in —

24% of fatal motor vehicle crashes	43% of sexual assaults
8% of nonfatal motor vehicle crashes	37% of other assaults
30% of fatal drownings	9% of suicides
30% of fatal burns	20% of risky sex behavior
41% of homicides	24% of property crimes

Underage Drinking in Virginia

Underage drinking is widespread in Virginia. Approximately 319,000 underage youth in Virginia drink each year. In 2003, according to self-reports by Virginia students in grades 8, 10, and 12:³

- 62% had at least one drink of alcohol on one or more days during their life.
- 25% had their first drink of alcohol, other than a few sips, before age 13.
- 34% had at least one drink of alcohol on one or more occasions in the past 30 days.
- 18% had five or more drinks of alcohol in a row (i.e., binge drinking) in the past 2 weeks.

Among Virginia's 12 to 20 year olds—those young people considered underage—for whom drinking alcohol is illegal:⁴

¹ Source of consequences listed: *The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking, 2007.*

² Source: National Institute on Alcohol Abuse and Alcoholism (NIAAA) (2003 April). “Underage Drinking: A Major Public Health Challenge.” *Alcohol Alert*, No. 59.

³ Source: Virginia Youth Survey (2003). Virginia Commonwealth University.

⁴ Source: 2005-2006 National Survey on Drug Use and Health, accessible at: www.oas.samhsa.gov/2k6State/Virginia.htm#Tab2

- 28% consume alcohol and 19% binge drink.
- 15% of 12 to 17 year olds consume alcohol and 9% binge drink.
- 61% of 18 to 25 year olds consume alcohol and 41% binge drink.

In fiscal year 2007, 65% of juveniles committed to juvenile correctional facilities were assessed as having a need for substance abuse treatment and 3.1% of new juvenile probation cases were for alcohol offenses.⁵

In 2006, 1 in 5 youth (age 12 to 20) who died from preventable causes (accidents, suicides, homicides) had consumed alcohol, and 13.8% of them were legally drunk at the time of death.⁶

In 2007, 7.7% of motor vehicle crashes, 10.4% of motor vehicle crash injuries, and 36.8% of motor vehicle crash fatalities were alcohol related.⁷

In 2004, 1,816 youth (age 12–20) were admitted for alcohol treatment, accounting for 9% of all treatment admissions for alcohol abuse in the State.⁸

Costs of Underage Drinking in Virginia

According to the Underage Drinking Enforcement Center (UDEC), underage drinking cost the citizens of Virginia **\$1.2 billion in 2005**. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by

youth. This translates to a cost of \$1,706 per year for each youth in the Commonwealth. Excluding pain and suffering from these costs, the direct cost of underage drinking incurred through medical care and loss of work in Virginia totals **\$458 million each year**.⁹

The UDEC provides information on the costs of underage drinking in the U.S. and in each state. Full details about costs and about methodology used to calculate costs are available at www.udec.org/UnderageDrinkingCosts.asp

Shown below in Table 1 is an excerpt from a UDEC Fact Sheet about Virginia.

Table 1. Costs of Underage Drinking, Virginia 2005

Problem	Total Costs (in millions)
Youth Violence	\$541.5
Youth Traffic Crashes	\$385.1
High-Risk Sex, Ages 14-20	\$117.1
Youth Property Crime	\$53.4
Youth Injury	\$43.5
Poisonings and Psychoses	\$11.4
Fetal Alcohol Syndrome among Mothers Age 15-20	\$20.5
Youth Alcohol Treatment	\$54.0
Total	\$1,226.4

⁵ Source: Virginia Department of Juvenile Justice, 2007 Data Resource Guide, accessed April 2008 from: www.djj.virginia.gov/About_Us/Administrative_Units/Research_and_Evaluation_Unit/pdf/CSUs_VJCCCA.pdf

⁶ Source: GOSAP analysis of 2006 data provided by the Office of the Chief Medical Examiner. Legally drunk is defined as having a blood alcohol level of .08% or higher at the time of death.

⁷ Source: Virginia Department of Motor Vehicles TSS 002 and TSS 003 Reports, accessed April 16, 2008 from www.dmv.virginia.gov/webdoc/safety/crash_data/crash_facts/crash_facts_07.asp

⁸ Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Treatment Episode Data Set (TEDS). (2004). *Substance Abuse Treatment by Primary Substance of Abuse, According to Sex, Age, Race, and Ethnicity*.

⁹ Source: National Underage Drinking Enforcement Center, accessed April 17, 2008 from: www.udec.org/UnderageDrinkingCosts.asp. Based on calculations in Miller, T.R., Levy, D.T., Spicer, R.S., and Taylor, D.M. (2006). Societal costs of underage drinking. *Journal of Studies on Alcohol*, 67(4), 519-528.

Strategies That Prevent Underage Drinking

Underage alcohol use is a complex problem that has proved resistant to solution for decades. Established and emerging research, however, suggests a new evidence-based approach with considerable promise. It is that approach—and the possibilities it holds for the Nation’s youth—that inspires the vision of *The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking*.

In this chapter key strategies effective in preventing and reducing underage drinking will be briefly summarized. Numerous sources of additional authoritative information and related resources are included.

Factors Associated with Underage Drinking

Alcohol use by underage drinkers is a persistent public health problem in the United States, and alcohol is the most commonly used drug among adolescents. Personal, social, and environmental factors repeatedly have been found to be associated with alcohol use among adolescents.

- *Personal influences* promoting alcohol use include rebelliousness, tolerance of deviance, a high value on independence and nonconformance, low school commitment and achievement, positive beliefs and attitudes toward alcohol use, and lack of self-efficacy to refuse offers of alcohol.
- *Social influences* favoring adolescent alcohol use include low socioeconomic status and minimal parental education, family disruption and conflict, weak family bonds, low parental supervision, parental permissiveness and lack of rules about alcohol use, family history of alcoholism, peer alcohol use, perceived adult approval of use, and perceived peer approval of use.
- Important *environmental influences* on youth alcohol use include the legal, economic, and physical

availability of alcohol as well as cultural norms around use.

A strong relationship appears to exist between alcohol use among youth and many social, emotional, and behavioral problems, such as using illegal drugs, fighting, stealing, driving under the influence of alcohol and/or other drugs, skipping school, feeling depressed, and deliberately trying to hurt or kill themselves. In addition to the problems that occur during adolescence, early initiation of alcohol consumption is related to alcohol-related problems later in life. Accordingly, numerous approaches that aim to prevent underage drinking have been developed.

Types of Interventions

Interventions typically fall into two distinct categories:

1. **Environmental-level interventions**, which seek to reduce opportunities for underage drinking by limiting access and reducing community tolerance for alcohol use by youth; and
2. **Individual-level interventions**, which seek to change knowledge, attitudes, intentions, motivation, and skills so that youth are better able to resist the pro-drinking influences and opportunities that surround them. Many individual-level interventions are school- and family-based.

Table 2. A Comparison of Environmental and Individual Strategies

Environmental Strategies	Individual Strategies
Focus on policy and policy change	Focus on behavior and behavior change
Focus on the social, political, and economic context of alcohol/drug-related problems	Focus on the relationship between the individual and alcohol/drug-related problems
Long-term focus on policy development	Short-term focus on program development
People gain power by acting collectively	Individual generally does not participate in decision making
Individual as advocate	Individual as audience

Source: CADCA’s National Institute

Elements of a Multi-Strategy Approach

A multi-strategy approach is one that involves four core elements.

Element 1. Programs and activities that **effectively engage parents** and other caregivers in facilitating healthy development and protecting their children from the consequences of alcohol use. Parental support includes monitoring an adolescent's activities and supporting his or her independence while setting appropriate limits. *Examples* include parent education, social hosting and pledge programs, and training to hold alcohol-free prom/graduation celebrations.

Element 2. Programs and activities that **actively engage youth** in efforts to prevent/reduce underage drinking. *Examples* include Youth Alcohol and Drug Abuse Prevention Project (YADAPP), MADD Youth in Action, UMADD (college), Students Against Destructive Decisions (SADD), Youth Summits, and youth involvement in planning alcohol-free prom/graduation celebrations.

Element 3. Systems for **identifying and intervening with youth** with alcohol use disorders (AUD) and/or selective prevention with youth clearly at higher risk for developing AUD. This involves improving identification of alcohol use disorders and ensuring timely referral to appropriate assessment and treatment. *Examples* include training of educators, health, juvenile justice, and other professionals to recognize AUD and intervention with youth at elevated risk for developing AUD.

Element 4. Environmental strategies designed to reduce alcohol access and availability, strengthen policy and enforcement, change community attitudes about underage drinking, and employ media messages. Research indicates that altering environments where alcohol is used reduces alcohol use. *Examples* include Virginia Department of Alcohol Beverage Control (ABC) merchant/licensee training, social hosting awareness campaign, compliance checks, enforcement of underage drinking laws, social marketing, local media campaigns, and Town Hall meetings.

Element 1. Programs and Activities that Effectively Engage Parents and Other Caregivers

Programs that engage parents and other caregivers are aimed at helping them facilitate healthy development and protect their children from the consequences of alcohol use. Parental support involves monitoring an adolescent's activities and supporting his or her independence while setting appropriate limits.

Key Strategies for Parents Recommended by the Surgeon General

Excerpted from *Surgeon General's Call to Action to Prevent and Reduce Underage Drinking*, this report and a Guide for Parents are available online at: www.stopalcoholabuse.gov

Throughout a child's life, parental actions do make a difference. Parents can facilitate healthy development and help protect their children from the consequences of alcohol use by increasing protective factors and reducing risk factors related to alcohol use.

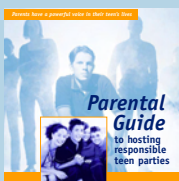
- Create a stable family environment and practice, as parents, being supportive, involved, and loving.
- Provide opportunities for the adolescent to be valued at home, for example, by contributing to the family's wellbeing (e.g., chores, part-time job, caring for a younger sibling).
- Facilitate a willingness on the part of the adolescent to share information about his or her life.
- Recognize that regardless of how close the parent-child relationship may be, that relationship alone is not sufficient to prevent underage alcohol use.
- Clearly and consistently communicate with their underage children so that the expectation that they are not to drink is understood.
- Know the basic facts and statistics about underage alcohol use and its consequences. Armed with this knowledge, parents will feel more confident when they talk with their children about alcohol.
- Reduce or eliminate adolescent access to alcohol and do not provide alcohol to adolescents. To do otherwise sends a mixed message at best, or a supportive message at worst, about underage alcohol use.
- Ensure that all parties attended by their adolescents are properly supervised and alcohol free, including the parties their own children give.

- Respond to known instances of alcohol use with appropriate disciplinary actions.
- Recognize the link between adolescent alcohol use and suicide, other substance use, mental disorders, and risky sexual behaviors.
- Seek professional intervention if they have concerns about their child's alcohol involvement.
- Support enforcement and criminal or juvenile justice systems' efforts to uphold underage drinking laws.

Among strategies that engage parents are social hosting and pledge programs and training to hold alcohol-free prom graduation celebrations.

KEY RESOURCES FOR ENGAGING PARENTS

Available from the Virginia Department of Alcohol Beverage Control. These publications may be ordered or downloaded at: www.abc.virginia.gov/Education/brochures_and_other_resources.htm#00000020



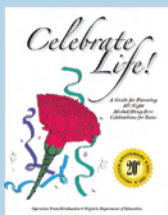
Parental Guide to Hosting Responsible Parties

This guide provides parents with up-to-date information and resources every parent should know before hosting a teen party or sending a teen to a party.



Virginia's Guide for Parents of First-Year College Students

This guide provides the reader with up-to-date information that will help him/her talk with their son or daughter about drinking.



The Virginia Department of Education works with local parent groups to sponsor one-day **Operation Prom/Graduation Celebration** workshops to train parents and others in how to hold alcohol/drug-free celebrations for teens. The

9th edition of *Celebrate Life! A Guide for Planning All-Night Alcohol/Drug-Free Celebrations* is available for download at www.doe.virginia.gov/VDOE/studentsrvcs/celebrate_life.pdf

Examples of Evidence-Based Programs for Parents

SAMHSA Model Programs are evidence-based and consistently produce positive results. Additional information about the programs listed and others can be accessed at SAMHSA's National Registry of Evidence-based Programs and Practices at <http://nrepp.samhsa.gov> Model Programs for Parents/Caregivers include the following:

Creating Lasting Family Connections (CLFC), the currently available version of CLCF, is a family-focused program aimed to build the resiliency of youth aged 9 to 17 years and reduce the frequency of their alcohol and other drug use. CLFC is designed to be implemented through a community system, such as churches, schools, recreation centers, and court-referred settings. The program emphasizes early intervention services for parents and youth and follow-up case management services for families.

Guiding Good Choices (GGC)—formerly known as Preparing for the Drug Free Years, GGC is a drug use prevention program that provides parents of children in grades 4 through 8 (9 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. GGC is based on research that shows consistent, positive parental involvement is important to helping children resist substance use and other antisocial behaviors. The current intervention is a five-session curriculum that addresses preventing substance abuse in the family, setting clear family expectations regarding drugs and alcohol, avoiding trouble, managing family conflict, and strengthening family bonds. Sessions are interactive and skill based, with opportunities for parents to practice new skills and receive feedback, and use video-based vignettes to demonstrate parenting skills. Families also receive a Family Guide containing family activities, discussion topics, skill-building exercises, and information on positive parenting.

Parenting Wisely (PW)—for parents of delinquent and at-risk adolescents. PW uses demonstrations, quizzes, repetition, recognition, and rehearsal to improve family relationships and to teach parents adaptive and effective parenting skills, including communication, positive reinforcement, contingency management, and problem-solving.

Other SAMHSA Model Programs with Parent/Caregiver Components

Additional information about the programs listed and others can be accessed at SAMHSA's National Registry of Evidence-based Programs and Practices at <http://nrepp.samhsa.gov>

Keep a Clear Mind (KACM)—for 8- to 12-year-olds and their parents. This substantial, take-home drug education program consists of four weekly activity sets to be completed by parents and their children together. The program also includes parent newsletters and incentives.

Project Northland—for 10- to 14-year-olds and their parents. This multi-level, multi-year program effectively delays the onset of drinking, reduces alcohol use in current drinkers, and limits the number of alcohol-related problems in young people. The program addresses changes in both individual behavior and the environment. It also strives to change the ways in which parents communicate with their children, peers influence one another, and communities respond to young adolescent alcohol use.

Protecting You, Protecting Me—for 6- to 10-year olds, this universal classroom intervention is meant to be integrated into a school's core curriculum and taught by trained teachers, counselors, and others. The intervention is designed to reduce substance abuse by teaching students about the development of the human brain and the immediate risks posed by alcohol exposure during development. It is also intended to foster nonuse attitudes and decisions and to strengthen refusal and self-protection skills with regard to riding with impaired drivers. The program employs strategies to increase parent involvement and improve family management practices by teaching parents about children's development and how to protect them from the risks associated with alcohol exposure. The program was originally funded and developed by MADD.

Start Taking Alcohol Risks Seriously (STARS) for Families—for at-risk 11- to 14-year-olds. This health promotion and alcohol use prevention program encourages youth to postpone alcohol use until adulthood. STARS for Families tailors media-related, interpersonal, and environmental prevention strategies into each child's specific stage of alcohol initiation, readiness for change, and risk and protective factors. The program results in avoidance of or reductions in alcohol use among participants.

The Strengthening Families Program (SFP)—for 6- to 12-year-olds and their families. SFP uses family skills training sessions based on family systems and cognitive-behavioral approaches to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems. SFP focuses on three factors: 1) improving family relationships, 2) improving parenting skills, and 3) increasing youths' social and life skills.

Too Good for Drugs (TGFD)—for 5- to 18-year-olds. This school-based program is designed to reduce risk factors and enhance protective factors relating to alcohol, tobacco, and drug use. Developed by the Mendez Foundation, TGFD has separate, developmentally appropriate curricula for each grade between 1 and 12, focusing on developing the following areas: a) personal and interpersonal skills, b) appropriate attitudes, c) knowledge of negative consequences of use, and d) positive peer norms.

Element 2. Programs and Activities that Actively Engage Youth in Efforts to Prevent/Reduce Underage Drinking

Programs and activities that **actively engage youth** in efforts to prevent/reduce underage drinking empower young people to lead education and prevention initiatives in their schools and communities. The most well-established approaches include peer-led classes and theme-focused forums, teen workshops, conferences and rallies, leadership training, awareness-raising activities, alcohol-free celebrations, and advocacy activities.

Probably the most well-known organization for peer-to-peer education is **Students Against Destructive Decisions (SADD)** which currently has over 10,000 chapters. (Additional information is available at www.sadd.org/). Studies indicate that students in schools with established SADD chapters have a higher level of awareness and knowledge of the risks of underage drinking and are more likely to hold attitudes reflecting positive reasons not to use alcohol. SADD is well known for developing the *Contract for Life*, a document signed by both parents and student. It stipulates that students will try their best to avoid making decisions that jeopardize their health and safety. Parents agree to pick up their child if they are ever in a situation that jeopardizes their health and safety and to defer discussion of the matter until later when it can be discussed in a calm and caring manner.

A prime example of youth involvement in Virginia is the **Youth Alcohol and Drug Abuse Prevention Project (YADAPP)**, a statewide youth leadership project focused on getting teens involved in making their schools and communities safe and drug-free. Since 1984, YADAPP has helped teens across Virginia change lives through their leadership. The mission of YADAPP is to develop youth leadership in order to foster substance abuse and violence prevention efforts at the state, regional, and local level. The project features a summer conference involving teams of high school students from throughout Virginia who return to their communities and implement youth-led prevention activities. Additional information available at: www.yadapp.com

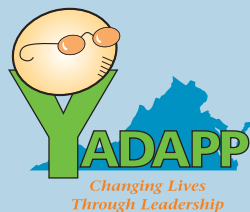
Opportunities for youth involvement in prevention activities abound. Community coalitions should not miss the opportunity to involve youth in their community needs/resources assessments. They can not only inform the needs assessment process through focus groups but also be actively engaged in collecting data through activities such as interviewing residents about alcohol-related concerns and counting, photographing, and mapping alcohol outlets. They see their communities through a different lens than adults and are more likely to contribute fresh insights and perspectives.

Extracurricular Activities as an Underage Drinking Strategy

In the article “Strategies to Prevent Underage Drinking,” the National Institute on Alcohol Abuse and Alcoholism (NIAAA) lists extracurricular activities among strategies that prevent underage drinking. They report that involvement in extracurricular activities has been shown to be related significantly to reduced adolescent alcohol, tobacco, marijuana, and other drug use; an important component of extracurricular activities appears to be active youth leadership. Citing a Carnegie Council on Adolescent Development study (1992) that found that about 40 percent of adolescents’ waking hours are discretionary—not committed to such activities as eating, school, homework, chores, or working for pay—and many young adolescents spend virtually all of this time without companionship or supervision by responsible adults, NIAAA made the point that discretionary time outside of school represents an enormous potential for undesirable behaviors such as alcohol and other drug use. They also cited several studies that found that young adolescents who are more likely to be without adult supervision after school have significantly higher rates of alcohol, tobacco, and marijuana use than do adolescents receiving more adult supervision.

KEY RESOURCES FOR YOUTH LEADERSHIP INVOLVEMENT

YADAPP



The Youth Alcohol and Drug Abuse Prevention Project (YADAPP) is a statewide youth leadership project focused on getting teens involved in making their schools and communities safe and drug-free. Since 1984, YADAPP has helped teens across Virginia change lives through their leadership. The mission of YADAPP is to develop youth leadership in order to foster substance abuse and violence prevention efforts at the state, regional, and local level. The project features a summer conference involving teams of high school students from throughout Virginia who return to their communities and implement youth-led prevention activities. Additional information is available at: www.yadapp.com

SADD

Students Against Destructive Decisions is a peer-led organization that was founded in 1981, as Students Against Drunk Driving. The organization operates on the belief that positive peer pressure and good role models could help youth “Say No” to the many pressures teens face. Currently, there are 10,000 schools with active chapters and over 350,000 active members. Information on starting a SADD Chapter and resources are available at: www.sadd.org

PRIDE Youth Programs

PRIDE Youth Programs, formerly Parents Resource Institute for Drug Education (P.R.I.D.E.), a peer-to-peer organization devoted to drug abuse and violence prevention through education. Visit PRIDE online (www.prideyouth-programs.org) to learn about its teams, memberships, products, and annual drug prevention conference.

Element 3. Systems for Identifying and Intervening with Youth with Alcohol Use Disorders

This element of a multi-strategy approach involves improving identification of alcohol use disorders and ensuring timely referral to appropriate assessment and treatment. Examples include student assistance programs in schools and training of educators, health, juvenile justice, and other professionals to recognize alcohol use disorders (AUD).

Approximately 3.7 million or 9.8 percent of American youth ages 12–20 met criteria for AUDs. Of the 3.7 million, only 232,000 received treatment in a specialty facility, suggesting an unmet need for screening, referral, and treatment of adolescent AUDs and associated behavioral problems. In Virginia, in 2004, 1,816 youth 12 to 20 years old were admitted for alcohol treatment, accounting for 9 percent of all treatment admissions for alcohol abuse in the State.¹⁰

According to the Surgeon General, interventions for youth with AUDs are an essential component of the protective structure society should provide for its adolescents and one end of the continuum of interventions that prevents and reduces underage alcohol use. When adequate screening is in place, adolescents with alcohol related problems, including those who do not meet formal diagnostic criteria, can be identified, referred for, and provided with appropriate interventions (including brief interventions) to prevent them from progressing to deeper alcohol involvement.

Specific factors that may increase the risk of their adolescent becoming involved with alcohol or experiencing an adverse alcohol related consequence include:

- A history of conduct problems.
- Depression and other mental disorders.
- A family history of alcohol dependence, which raises the risk of problematic alcohol involvement.
- Significant transitions (such as acquisition of a driver's license, a parental divorce, graduation from middle school to high school, or the move from high school to college or the workforce), which may increase the adolescent's stress level and/or exposure to different peers and opportunities, making it more likely that he or she will use alcohol.
- Interaction with peers involved in deviant activities.

Examples of SAMHSA Model Programs for Youth with Elevated Risk

Additional information about the programs listed and others can be accessed at SAMHSA's National Registry of Evidence-based Programs and Practices at <http://nrepp.samhsa.gov>

CASASTART (Striving Together to Achieve Rewarding Tomorrows, formerly known as Children at Risk)—a community-based, school-centered substance abuse and violence prevention program developed by the National Center on Addiction and Substance Abuse at Columbia University (CASA). CASASTART targets youths between 8 and 13 years old who have a minimum of four identified risk factors. Youth participants may remain in the program up to 2 years. Specific program objectives of CASASTART include reducing drug and alcohol use, reducing involvement in drug trafficking, decreasing associations with delinquent peers, improving school performance, and reducing violent offenses.

Class Action—the second phase of the Project Northland alcohol-use prevention curriculum series. Class Action (for grades 11–12) and Project Northland (for grades 6–8) are designed to delay the onset of alcohol use, reduce use among youths who have already tried alcohol, and limit the number of alcohol-related problems experienced by young drinkers.

Parenting Wisely (PW)—for parents of delinquent and at-risk adolescents. PW uses demonstrations, quizzes, repetition, recognition, and rehearsal to improve family relationships and to teach parents adaptive and effective parenting skills, including communication, positive reinforcement, contingency management, and problem-solving.

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)—designed to prevent and reduce substance use among students 12 to 18 years of age. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse. In recent years, Project SUCCESS has been used in regular middle and high schools for a broader range of high-risk students. The intervention includes four components: 1) Prevention Education Series (PES), an

¹⁰ Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Treatment Episode Data Set (TEDS). (2004). *Substance Abuse Treatment by Primary Substance of Abuse, According to Sex, Age, Race, and Ethnicity*.

eight-session alcohol, tobacco, and other drug program; 2) schoolwide activities and promotional materials to positively change social norms about substance use and increase compliance with laws and school policies; 3) a parent program; and 4) individual and group counseling. Students and parents who require more intensive counseling, treatment, or other services are referred to appropriate agencies or practitioners in the community.

Teen Intervene—an early intervention program targeting 12- to 19-year-olds who display the early stages of alcohol or drug use problems (e.g., using or possessing drugs during school) but do not use these substances daily or demonstrate substance dependence.

Student Assistance Programs (SAP)—SAPs provide a comprehensive model for the delivery of K-12 *prevention, intervention* and *support services* in schools. SAPs incorporate a set of practices designed to organize and facilitate access to social and mental health services for students and families through an approach that includes

enhancing the identification and assessment of problems, ensuring the appropriate amount of intervention, and providing case management and follow-up to problems. Additional information on SAPs is available from the Virginia Department of Education's Safe and Drug-Free Schools Program (www.safeanddrugfreeva.org) and the National Student Assistance Association (www.nasap.org).

Element 4. Environmental Strategies

A substantial body of research indicates that altering environments where alcohol is used reduces alcohol use. Environmental strategies are designed to reduce alcohol access and availability, strengthen policy and enforcement, change community attitudes about underage drinking, and employ media messages. An overview of research supporting ten evidence-based environmental strategies is provided as a Supplement at the end of this Guide.

KEY RESOURCES FOR ENVIRONMENTAL STRATEGIES



The Coalition Impact: Environmental Prevention Strategies

Available on the CADCA National Coalition Institute Web site at: www.coalitioninstitute.org/Environ-Strat/ES_FINAL-04-2008.pdf

This publication provides an overview of the environmental strategies approach to community problem solving. It includes real examples of efforts where environmental strategies aimed at preventing and reducing community problems related to alcohol and other drugs were implemented. Topics covered in this publication include:

- WHAT are environmental strategies and why are coalitions best suited to plan and implement them?
- WHAT data collection and analysis is essential in the investigation of environmental conditions of a community to effectively choose and implement strategies?
- HOW can a coalition build capacity to commit to the long-term investment that is necessary for environmental strategies to succeed?
- WHERE do environmental strategies fit into a comprehensive community plan?
- HOW will your coalition evaluate the success and impact of environmental strategies?



Preventing Underage Drinking: Using the SAMHSA Strategic Prevention Framework and Getting to Outcomes to Achieve Results

by Pamela Imm, Matthew Chinman, and Abraham Wandersman in collaboration with Join Together.

www.faceproject.org/Resources/PDF/WanderPreventUnderageDrink.pdf

This publication contains extensive information on how to plan, implement, and evaluate each of the ten strategies listed. Additionally, it contains numerous useful tools for applying the Getting to Outcomes model of evaluation to SAMHSA's Strategic Prevention Framework five-step approach to prevention.

Examples of SAMHSA Model Programs that Emphasize Environmental Strategies

Additional information about the programs listed and others can be accessed at SAMHSA's National Registry of Evidence-based Programs and Practices at <http://nrepp.samhsa.gov>

Communities Mobilizing for Change on Alcohol (CMCA)—a community-organizing program designed to reduce teens' (13 to 20 years of age) access to alcohol by changing community policies and practices. CMCA seeks both to limit youths' access to alcohol and to communicate a clear message to the community that underage drinking is inappropriate and unacceptable. It employs a range of social-organizing techniques to address legal, institutional, social, and health issues related to underage drinking. The goals of these organizing efforts are to eliminate illegal alcohol sales to minors, obstruct the provision of alcohol to youth, and ultimately reduce alcohol use by teens. The program involves community members in seeking and achieving changes in local public policies and the practices of community institutions that can affect youths' access to alcohol.

Community Trials Intervention To Reduce High-Risk Drinking—a multicomponent, community-based program developed to alter the alcohol use patterns and related problems of people of all ages. The program incorporates a set of environmental interventions that assist communities in (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control; (2) enhancing responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the interventions that address each of these prevention components. The program typically is implemented over several years, gradually phasing in various environmental strategies; however, the period of implementation may vary depending on local conditions and goals.

Coalitions are Critical!

“Community coalitions aimed at curbing underage drinking are valuable adjuncts to state and local government interventions. Such coalitions, which include people with diverse perspectives, interests, and responsibilities, can provide the political will and organizational support for implementing strategies that have been proven to work against underage drinking. They also contribute to a local culture in which underage drinking is considered a serious and unacceptable problem, which lends support for heightened enforcement of laws against underage drinking. By providing a context that supports recommended interventions, community mobilization efforts increase the overall likelihood of success of such interventions.”

— Reducing Underage Drinking: A Collective Responsibility

Community Coalitions as an Avenue for Change

Coalitions serve as an important avenue for change, bringing community institutions and residents together. Features of community coalitions that make them especially effective in achieving large-scale community change include the following:

- Coalitions can demonstrate and develop widespread public support for issues, actions, or unmet needs.
- Coalitions can maximize the power of individuals and groups through joint action by increasing the “critical mass” behind a community effort.
- Coalitions can minimize duplication of efforts.
- Coalitions can help mobilize more talents, resources, and approaches to influence specific issues than any single organization can achieve alone.
- Coalitions can provide an avenue for recruiting participants from diverse constituencies, such as

political, business, human services, social and religious groups, as well as less-organized grassroots groups and individuals.

Recent empirical data indicate that coalitions are effective in improving factors related to underage drinking and community health. Environmental strategies have been demonstrated to be especially effective in preventing/reducing underage drinking and these strategies are carried out most effectively in the context of a community problem solving process conducted by coalitions.

Coalitions can harness the community’s power to make change; well-functioning coalitions engage a broad range of community members and help create the political will to implement and sustain policies and practices that reduce underage drinking. Furthermore, coalitions are well positioned to ensure sustained action on pervasive community problems that have eluded simple solutions.

FOUR GENERAL TYPES OF COALITIONS

According to the CADCA, there are four general types of local, community anti-drug coalitions that exist in the U.S.:

1. **Activity or event focused coalitions**—conduct activities and/or events such as information and referral, poster contests, health fairs and resource directories.
2. **Service/program delivery coalitions**—focus on developing and carrying out programs that serve individuals and/or families, i.e., parenting classes, after-school and mentoring programs. Staff may be directly involved in the provision of services.
3. **Community mobilization coalitions**—organize their communities around single issues (or a set of issues) such as restricting alcohol and tobacco billboards near schools, eliminating the sale of drug paraphernalia in local stores or persuading elected officials to install street lighting.
4. **Comprehensive community coalitions**—respond to community conditions by developing and implementing multi-faceted plans that lead to measurable, population-level reductions in one or more substance abuse problems.

KEY RESOURCES COMMUNITY COALITIONS

The Community Builders Network of Virginia (The Network)

www.networkva.org/about.html

The Network is a statewide organization that provides support, advocacy, and networking and training opportunities to support youth and adult partnership throughout Virginia. The organization's objective is to support the development of healthy communities by fostering positive development of children and their families through effective prevention strategies.

Community Anti-Drug Coalitions of America (CADCA)

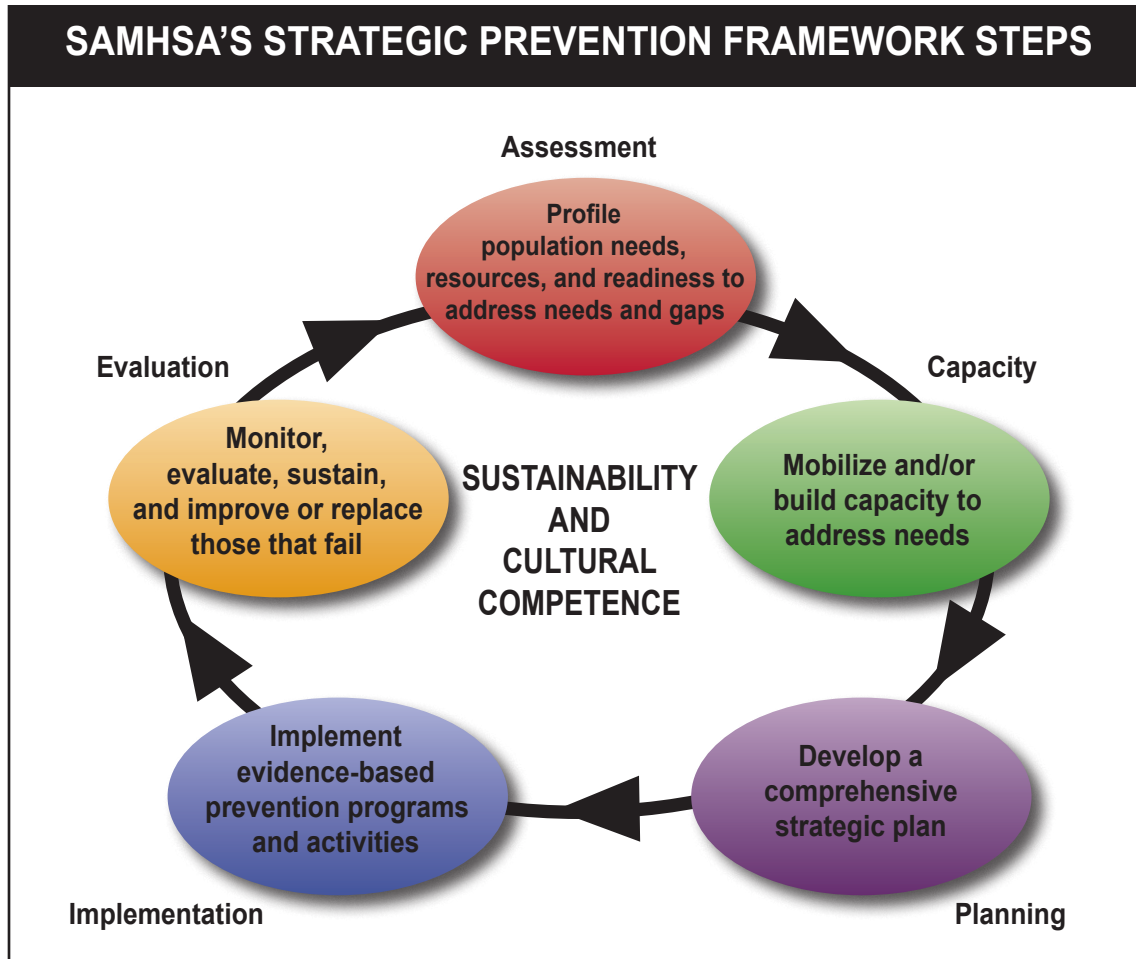
<http://cadca.org>

CADCA, is a 501(c)(3) non-profit organization that works to strengthen the capacity of community coalitions in their effort to create and maintain safe, healthy and drug-free communities. CADCA supports its members with training and technical assistance, public policy advocacy, media strategies and marketing programs, conferences and special events.

SAMHSA's Strategic Prevention Framework

The Strategic Prevention Framework (SPF) uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. In this Guide, each step will be described with particular emphasis on the issue of underage drinking. Figure 2 provides a more detailed representation of the elements of each of the SPF five steps.

Figure 2. Steps in SAMHSA's Strategic Prevention Framework



Step 1 in the SPF process is assessment. This step involves convening an assessment committee or work group, examining and collecting data to develop a community profile, and using findings from the assessment to inform capacity development and a community prevention plan.

Step 2 in the SPF process is building capacity. This step involves establishing goals and mobilizing community members who need to be involved and building human, financial, and community capacity to address needs identified.

Step 3 in the SPF process is planning. This step involves developing a comprehensive strategic plan, selecting evidence-based strategies that “fit” the community, and determining activities and timelines to ensure high quality implementation.

Step 4 in the SPF process is implementation. This step involves implementing evidence-based prevention strategies and activities with fidelity and with ongoing attention to the quality of implementation.

Step 5 in the SPF process is evaluation. This step involves monitoring implementation, evaluating outcomes, insti-

tuting continuous quality improvement, and sustaining effective strategies.

One feature of the SPF model is that cultural competence and sustainability are placed in the middle because these two aspects of strategic planning are “central” to each of the five steps.

A commitment to *cultural competence* ensures the respect of the complexities of multiple cultures in communities. Cultural sensitivity and responsive prevention strategies are critical to the success of any comprehensive community plan. Cultural competence involves ensuring that the structure, leadership, activities, and messages reflect many perspectives, styles, and priorities represented in the community.

A broad definition of *sustainability* is the “continuation of community health and/or quality of life benefits in a community over time” (Shediac-Rizkallah & Bone, 1998). This definition is well-suited for the SPF because it implies the sustainability of healthy outcomes (e.g., reduction in youth DUI rates), as well as the sustainability of community programs policies, and practices. Fortunately, utilizing environmental approaches to prevent underage drinking has relatively few monetary costs since most of the strategies are policy-related (e.g., laws to reduce alcohol outlet density, laws to enact a keg registration policy, etc.).

KEY RESOURCES FOR PREVENTION PLANNING

SAMHSA’s Prevention Platform

<https://preventionplatform.samhsa.gov>



SAMHSA’s Prevention Platform is an online resource that uses the Communities That Care® Community Planning System. The Platform guides users through the assessment and planning process and assists users with informational resources and interactive tools.



Preventing Underage Drinking: Using the SAMHSA Strategic Prevention Framework and Getting to Outcomes to Achieve Results by Pamela Imm, Matthew Chinman, and Abraham Wandersman in collaboration with Join Together.

www.faceproject.org/Resources/PDF/WanderPreventUnderageDrink.pdf

This publication contains extensive information on how to plan, implement, and evaluate each of the ten strategies listed. Additionally, it contains numerous useful tools for applying the Getting to Outcomes model of evaluation to SAMHSA’s Strategic Prevention Framework five-step approach to prevention.



University of Kansas Community Toolbox

<http://ctb.ku.edu/en>

The Community Tool Box is the world’s largest resource for free information on essential skills for building healthy communities. It offers more than 7,000 pages of practical guidance in creating change and improvement.

SPF Step 1

SPF Step 1: Organize the Community to Profile Needs and Resources

Step 1 in the SPF process is assessment. This step involves convening an assessment committee or work group, examining and collecting data to develop a community profile, and using findings from the assessment to inform capacity development and a community prevention plan.

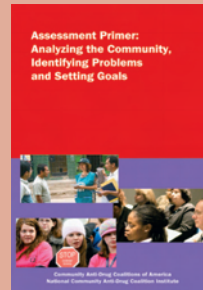
Overview of Needs and Resources Assessments

Conducting a comprehensive assessment of needs and resources will help provide a clear understanding of the underage drinking problem—its underlying causes, primary settings/locations, and for which group of people (potential target population) the problem is most severe. Additionally, it is important to examine the existing resources and assets of the community that can help with promoting policy-level changes.

Data gathered during needs and resources assessments allow communities to:

- Identify how youth obtain alcohol (e.g., stores, restaurants, parents, older siblings).
- Identify where underage youth most frequently drink (e.g., school events, parties, motels).

KEY RESOURCE



CADCA's National Institute Primer on Assessment

Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals

Available online at: www.coalitioninstitute.org/SPF_Elements/Assessment/AssessmentPrimer-final-08-09-2006.pdf

- Identify what groups of youth are the most involved in underage drinking (e.g., high school, college students).
- Identify what factors in the community are most associated with underage drinking.
- Assess existing community resources to combat underage drinking.
- Obtain baseline data that can be monitored for changes over time.
- Gather support from stakeholders.

STEPS TO CONDUCTING A NEEDS/RESOURCES ASSESSMENT

In the publication *Preventing Underage Drinking: Using the SAMHSA Strategic Prevention Framework and Getting to Outcomes to Achieve Results*, seven steps are described, and may be accessed at: www.faceproject.org/Resources/PDF/WanderPreventUnderageDrink.pdf

1. Convene an assessment committee or work group of members to collect the data. Be sure to include key stakeholders who have access to the data needed (e.g., police, schools, youth, parents, alcohol control agencies, businesses, prevention and treatment providers).
2. Examine what data are currently available to assess the underlying conditions.
3. Determine what data still need to be collected by the group.
4. Determine the best methods to gather the data and develop a data collection plan.
5. Implement the data collection plan.
6. Analyze and interpret the data.
7. Use the data to determine priorities to develop goals and objectives and elect environmental strategies to implement.

Workgroup Membership

Forming a needs/resource assessment workgroup is an important first step. Including key stakeholders is important both because of the diverse perspectives they bring to the process and because they and their networks can facilitate access to important data.

The following stakeholders are typically included on a workgroup:

- State, local, or tribal governmental agencies with expertise in the field of substance abuse
- Other organizations involved in reducing substance abuse
- Healthcare professionals
- Schools
- Parents
- Religious or fraternal organizations
- Youth-serving organizations
- Law enforcement agencies
- Civic and volunteer groups
- Youth
- Business community
- Media

In forming the workgroup, consider the following:

- Choose a well-known, credible community leader as a chairperson who is accustomed to facilitating, negotiating, and reaching consensus.
- Members should be able to offer insights on the specific issue. Recruit members whose institution or

personal involvement is needed to achieve the needs assessment goals.

- Choose panelists who are held at a certain level of prestige in the community who may have a significant stake in the issue of youth alcohol use.
- It is important to recruit new people who might not already be advocates, but are nonetheless important members of the community.

Once the work group is developed,

- Identify roles for each committee member (e.g., gathering data, selecting/developing survey questions, running focus groups, analyzing and interpreting data).
- Document how key stakeholders (e.g., businesses, youth, parents) are involved in the assessment processes.
- Ensure that diverse and hard-to-reach populations are involved.

Needs Assessment Data

Shown on the following page are community indicators of alcohol use by youth and related risk for use. Listed are specific types of data and data sources most frequently used to assess underage drinking in communities. Some data can be derived only from youth surveys; other data are regularly collected by state and local agencies. Still other data will need to be collected locally through interviews, focus groups, and surveys.

KEY VIRGINIA NEEDS ASSESSMENT RESOURCES

Virginia's Community Profile Database

www.gosap.virginia.gov/communityprofile.htm

The Community Profile Database, a Web-based resource of GOSAP, provides access to a broad range of community social indicator data valuable to prevention and other community planning processes.

Virginia's Safe Schools Information Resource (SSIR)

<https://p1pe.doe.virginia.gov/pti/>

The SSIR, a Web-based resource from the Virginia Department of Education, provides user-friendly access to information about crimes and other problem conduct in schools. Users may access data on incidents at the school, school division, and state levels.

COMMUNITY INDICATORS OF ALCOHOL USE BY YOUTH AND RELATED RISK FOR USE

Indicators/Risks	Key Sources/Notes
Alcohol Use <i>Derived from youth surveys; based on self-reported use by youths</i>	
% youth reporting use, past 30 days % youth reporting binge drinking, past 30 days % youth reporting first use before age 13 or average age first use	Youth survey Youth survey Youth survey. Research has shown an association between early age of first use and addiction problems as an adult.
Attitudes about underage drinking <i>Derived from surveys; based on self-report</i>	
Youth perceptions of harm Parent perceptions of harm	Youth survey Parent survey; focus groups
Family/Community Norms	
Perceived parental disapproval of use Parent monitoring Perceived likelihood of being caught for drinking	Youth survey; focus groups Youth and parent surveys; focus groups Youth survey; focus groups
Availability/Access	
# alcohol outlets, by type of outlet, per 100,000 population <i>GIS mapping of outlets in a community can show neighborhood concentrations. This indirect measure of alcohol availability does not capture sales to underage groups.</i> Net sales of ABC outlets in dollars per individual (age 21 or older) # liquor law violations/citations; locations of violations Ratio of arrests to convictions for liquor law violations # house parties with alcohol # events where alcohol is available Alcohol advertising—# billboards, flyers, ads in newspaper, sponsorship of events attended by youth Youth and parent self-report perception of availability.	VA Dept. of ABC. A high number and concentration of alcohol outlets are often associated with increased alcohol and drug problems. VA Dept. of ABC VA Dept. of ABC VA Dept of ABC; courts Incident reports resulting from police calls for service. Local environmental scan. Local environmental scan. Alcohol advertising exposes young people to alcohol messages; long-term exposure to advertising and promotional activities increases the likelihood that children will drink. Local surveys and focus groups.
Harm/ Problem Behaviors	
#/rate of juvenile (age 10-17) arrests for alcohol violations (DUI, public drunkenness, liquor law violations) # alcohol-related vehicle crashes, fatalities and injuries by age # alcohol-related incidents at school #/rate of youth in treatment for alcohol use disorders; # on waiting list for treatment #/rate of hospital admissions of youth treatment of alcohol-related conditions and injuries # youth committed to juvenile facilities with need for intervention/treatment	VA State Police and VA Dept. of Juvenile Justice VA DMV. From Crash Facts VA Dept. of Education, Safe Schools Information Resource (SSIR) at https://p1pe.doe.virginia.gov/pti/ VA DMHMRSAS; CSB VA Dept. of Health; Drug Abuse Warning Network (DAWN) VA Dept. of Juvenile Justice
Protective Factors	
% youth reporting sense of belonging % youth reporting opportunities for positive involvement in activities % youth reporting their parents have clear rules about alcohol use	Youth survey Youth survey Youth survey

Key Federal/National Resources for Needs Assessment Data

FEDERAL/NATIONAL NEEDS ASSESSMENT RESOURCES

Join Together Indicators Handbook

How Do We Know We Are Making a Difference? A Community Alcohol, Tobacco, and Drug Indicators Handbook. Web site contains a menu of 27 substance use indicators including many that can be retrieved at the community level. The menu allows users to explore possible indicators for use in prevention needs assessments. <http://indicatorshandbook.org/indicators>

YRBSS: Youth Risk Behavior Surveillance System

The YRBSS was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems (including alcohol and drug use) among youth and adults in the United States. www.cdc.gov/HealthyYouth/yrbs/index.htm

State/Local versions of YRBSS

There are state and local versions of the YRBSS. To view state fact sheets, go to www.cdc.gov/HealthyYouth/yrbs/statefacts.htm. To see a map of state and local participation go to www.cdc.gov/HealthyYouth/yrbs/map.htm

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of some 50,000 8th, 10th and 12th grade students are surveyed (12th graders since 1975, and 8th and 10th graders since 1991). www.monitoringthefuture.org

The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related visits to hospital emergency departments (EDs) and drug-related deaths investigated by medical examiners and coroners (ME/Cs). This data includes alcohol in combination with other drugs (adults and children) and alcohol alone (age < 21). <http://dawninfo.samhsa.gov>

Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest telephone survey, tracks health risks in the United States. Information from the survey is used to improve the health of the American people (adults 18 years or older). www.cdc.gov/brfss/index.htm

Fatality Analysis Reporting System (FARS)

This data system was conceived, designed, and developed by the National Center for Statistics and Analysis (NCSA) to assist the traffic safety community in identifying traffic safety problems and evaluating both motor vehicle safety standards and highway safety initiatives. FARS is one of the two major sources of data used at the NCSA. There are FARS alcohol files which contain driver and non-occupant BAC (blood alcohol content) estimates, as well as overall crash alcohol estimates, which are used to supplement the data files when no alcohol information would otherwise be available. www-fars.nhtsa.dot.gov/Main/index.aspx

National Survey on Drug Use & Health (formerly called the National Household Survey on Drug Abuse). To access underage drinking data go to <http://oas.samhsa.gov/youth.htm#UnderAge>

For purposes of this Guide, the focus is on a single city or county. If a coalition is focusing on a single neighborhood, then state and locality data can provide context and comparison but neighborhood-level data must be examined/collected.

Collecting Local Data

After examining what data are available, it becomes clearer which data still need to be collected. In general, youth survey and archival data will tell you about the prevalence of alcohol use and alcohol-related problem

behaviors and risk factors as well as some perceptions of harm, availability, and disapproval of use. Such data do not say much about the factors that are contributing to underage drinking in a particular community. To learn more about these factors, the following data sources can be critical:

- Surveys or focus groups of youth assessing the ease of access to alcohol (e.g., parents, friends, siblings).
- Key leader surveys assessing the level of enforcement of underage drinking laws and ordinances (level of law enforcement).

- Undercover operations or “stings” to assess how easy it is for youth to obtain alcohol from retail establishments (easy access from retail establishments).
- Community surveys, town halls, or community forums assessing the social norms governing the acceptability of underage drinking (permissive social norms).
- Environmental scans of the community to assess the level of promotion for alcohol (billboards, happy hours, number of alcohol establishments).

Review of Laws, Regulations, and Enforcement Practices

A clear understanding of alcohol-related laws, regulations, and enforcement practices form the foundation for a sound needs assessment and plan of action. Provided below is CADCA’s advice to coalitions on the “homework” needed [excerpted from *The Coalition Impact: Environmental Prevention Strategies* (2008)]

“Coalitions that are planning to implement environmental strategies must do a considerable amount of investigation to learn what formal and informal policies exist that influence environmental factors. Not knowing local ordinances related to alcohol and tobacco will hinder forward progress. Coalitions should learn about state and local laws related to the sale of alcohol and tobacco products. In other words, coalitions must do

their homework. It becomes the coalition’s job to know everything that might be helpful.

Examples of homework for coalitions:

- Locate and read your state’s alcohol/tobacco laws
- Locate and read local alcohol/tobacco ordinances/policies
- Understand the process for obtaining an alcohol/tobacco retail license
- Understand the process for enforcement of alcohol/tobacco retail licenses
- Understand the process for creating and modifying local land use regulations, i.e., zoning
- Learn about local law enforcement agencies and their roles within your community (i.e., jurisdictions, current efforts)
- Learn about the roles and responsibilities of judicial officers (i.e., magistrates, judges) in your community
- Learn the political process in your community (i.e., election cycles, who is serving and their agendas, etc.)
- Conduct a local/state policy analysis (what already exists)
- Conduct a power analysis in your community (who has the power to change policy)
- Determine what other local agencies are doing to address the problem your coalition is concerned about”

Virginia’s Alcohol Laws

- All states and the District of Columbia have laws making 21 the minimum age to purchase or consume alcohol. Virginia’s zero tolerance law makes driving under the influence of any amount of alcohol or drugs a serious criminal offense for those under the age of 21.
- It is illegal for any person to purchase alcoholic beverages for someone who is less than 21 years of age. If convicted, the court may order up to 12 months of jail time and/or fines of up to \$2,500.
- Young adults (ages 18-20) who purchase, possess or drink alcohol, upon conviction, may lose their privilege to drive for not less than six months (and up to one year maximum). They face a mandatory minimum fine of \$500 or must perform a mandatory minimum of 50 hours of community service.
- Using a fake ID to buy alcohol means that in addition to the penalties listed above for possession of alcohol, anyone convicted will lose their privilege to drive for not less than 30 days (and up to one year maximum).
- A motor vehicle operator, age 20 or younger, with a blood or breath alcohol level between .02 and .07 could lose his or her privilege to drive for up to one year and incur fines starting at a mandatory minimum of \$500 or be required to perform 50 hours community service (new legislation effective 07/01/08).
- Anyone (adult or minor) possessing or consuming alcohol on public school property may face up to \$1,000 in fines and spend up to six months in jail.
- Parental notification has been part of the law since 1998. Congress gave colleges and universities the ability to disclose alcohol or substance violations to parents. The law permits but does not require schools to notify parents any time a student under age 21 violates drug or alcohol laws.

Collecting Data on Resources

A resource assessment describes current resources and resources that could be directed toward addressing the community's Alcohol, Tobacco and Other Drugs (ATOD) problems. Creating a resource inventory is important because it:

- Provides a way for the community to use its existing capacity.
- Accounts for community assets and resources.
- Describes the community by focusing on positive rather than negative aspects.
- Identifies ways that build member capacity.
- Expands the identification of assets and resources to include more than just programs and agencies.
- Identifies community members who might be willing to participate in the coalition or support the coalition's efforts.

Assessing resources at the same time needs assessment data are being assembled/collected is recommended. Assembling/collecting data will put the coalition in contact with those most knowledgeable about community needs and resources. A resource assessment typically looks at existing programs and resources for youth that are either officially considered "prevention" programs or address risk/protective factors, neighborhood councils, local businesses, parent groups, faith community, youth centers and organizations, and civic and professional associations with interest in youth.

Staying on Track

A coalition workgroup can quickly become overwhelmed by the types and amounts of data available. It may become tempting to expand the scope or depth of the needs assessment. Experience has taught that maintaining a more narrow focus is more effective in the beginning. Other data can be reserved for a later "Phase II" assessment of needs.

Analyzing and Interpreting Data

Analyzing and interpreting data are clearly the most challenging steps in a needs assessment. Quantitative and qualitative data assembled from a variety of sources typically reveal discrepant or conflicting information. Understanding why those discrepancies in data or perspectives exist will contribute to a clearer picture of what is really happening. A high profile event can make

large numbers of people perceive a very serious problem when the community may compare quite favorably to state, national, or comparable community statistics.

Interpretation of data is particularly complicated. Are low numbers of juvenile DUI arrests an indicator of few problems or lax enforcement? It is important to keep asking "why" when examining data. At this stage coalition partners and key stakeholders can be extremely helpful in making sense of data. Even for coalitions who are doing their own needs assessment without a professional evaluator, consultation with a professional can be helpful at this stage.

Readiness Assessment

An assessment of community readiness for action is a critical component of the community needs/resources assessment. Community readiness is the extent to which a community is prepared to take action. The Tri-Ethnic Center for Prevention identifies nine stages of readiness that can be assessed and systematically enhanced:

1. Community tolerance/no knowledge—community norms actively tolerate or encourage a problem behavior.
2. Denial—community norms do not approve of the behavior, but there is little or no recognition that this might be a problem.
3. Vague awareness—there is a general belief that there is a local problem and that something ought to be done about it; knowledge is vague.
4. Preplanning—there is clear recognition of a local problem exists and that something ought to be done. There are identifiable leaders and there may be a committee but no real planning.
5. Preparation—planning is going on and focuses on practical details. There is general information but it may not be based on formally collected data.
6. Initiation—enough information is available to justify a prevention program but little knowledge of broader risk factor issues.
7. Institutionalization—one or two programs are running and are accepted as routine and valuable activity.
8. Confirmation/expansion—standard programs are viewed as valuable and authorities support expanding or improving programs; new programs are being planned. Data are obtained regularly.

9. Professionalization—detailed and sophisticated knowledge of prevalence, risk factors, and etiology exists. A range of programs exist. Effective evaluation is used to test and refine programs.

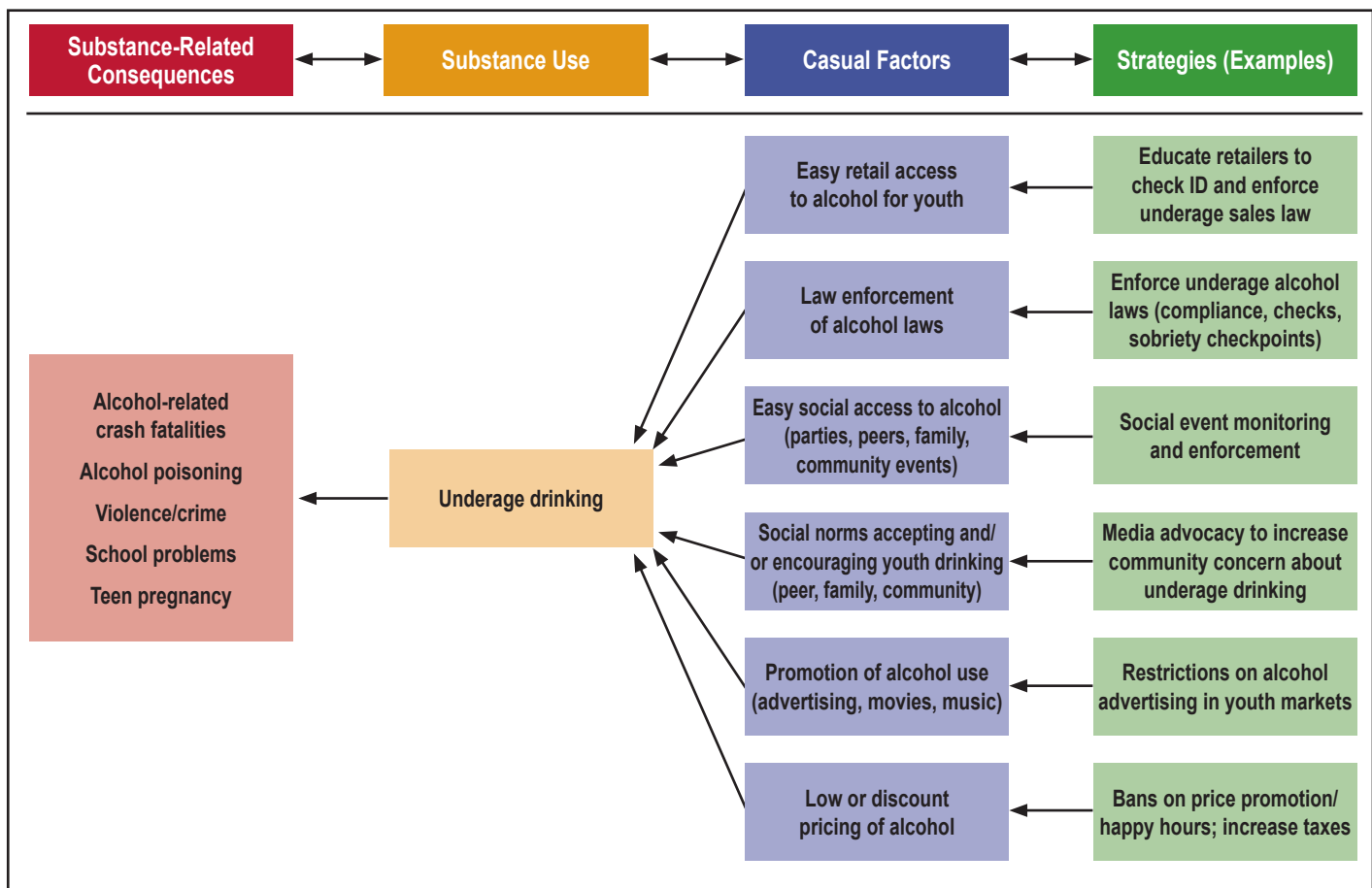
For more information on how to assess community readiness, see the Tri-Ethnic Center for Prevention (www.TriEthnicCenter.ColoState.edu).

Using a Logic Model to Show Linkages

The information collected in the assessment processes helps provide direction toward the most appropriate

interventions. Findings from the needs assessment will begin to suggest the linkages between problems, contributing factors, and strategies that might be implemented to counter factors contributing to underage drinking. Shown below in Figure 3 is a logic model developed by the Pacific Institute for Research and Evaluation (P.I.R.E.) that shows these linkages. In the figure, factors contributing to the problem of underage drinking are listed along with examples of strategies demonstrated to be effective in addressing each factor.

Figure 3. Logic Model for Reducing Underage Drinking



Some versions of logic models are very complex and can become overwhelming. Kept simple, the logic model can serve as a valuable tool to graphically demonstrate the links between problems, contributing factors, and strategies. In the beginning, “keep it simple”—stick with a

preliminary version of the logic model that reflects only the core linkages. The logic model can become more elaborate when the strategic plan of action is developed and the evaluation is designed.

SPF Step 2: Mobilize and/or Build Capacity to Address Needs

SPF Step 2

Step 2 in the SPF process is building capacity. This step involves establishing goals and mobilizing community members who need to be involved and building human, financial, and community capacity to address needs identified.

Armed with information from the needs/resources assessment and a framework for action from a preliminary logic model, a community coalition is ready to establish goals for its work. Although goals established at this stage may later be refined, at this stage they are important because they shape where a coalition is going, what resources need to be mobilized, and what capacities must be developed.

Establishing Goals

Goals should focus on conditions that contribute to or deter underage drinking. Examples of goal statements might include the following:

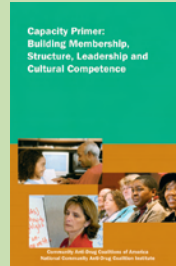
- Decrease accessibility/availability of alcohol by youth under age 21.
- Improve merchants' ability to effectively "card" all underage youth.
- Increase law enforcement operations related to preventing underage drinking.
- Decrease parental approval of underage drinking as a "rite of passage."

In formulating goals, it is important to specify the population(s) being targeted. As reflected in the examples above, target populations for prevention of underage drinking are typically youth, parents, law enforcement officials, and merchants who sell alcohol.

Strategies to prevent and reduce underage drinking are designed to yield outcomes in both the target population and at the community levels. Typically, outcomes for a target population are expressed as changes in the following:

- *Knowledge* of laws about hosting parties or strategies for parental monitoring.

KEY RESOURCE



CADCA's National Institute Primer on Capacity

Capacity Primer: Building Membership, Structure, Leadership, and Cultural Competence

Available at www.coalitioninstitute.org/SPF_Elements/Capacity/Capacity%20Primer-Final-07-31-2006.pdf

- *Attitudes* such as viewing alcohol use as a "rite of passage" or merchant attitudes toward selling alcohol to minors.
- *Skills* such as law enforcement effectively controlling and dispersing an underage drinking party.
- *Behaviors* such as increased frequency in "carding" those purchasing alcohol.

When environmental strategies are used, outcomes are typically measured at the community level. Examples of desired outcomes are as follows:

- Increased community awareness about underage drinking as a problem
- Changes in policies and laws to control access to alcohol by those underage
- Increased levels of enforcement of underage drinking laws
- Increased cooperation and coordination among various agencies responsible for enforcement of underage drinking laws

In summary, specifying goals and desired outcomes serves to outline the changes you want to make and informs decisions about the types of interventions and strategies to be selected and the populations that will be

targeted. Both goals and outcomes should specify the following:

- What will change?
- For whom?
- By how much?
- When will the change occur?
- How will the change be measured?

A tool for developing goals is shown in Figure 4 below. It is one example of numerous tools that can be found in *Preventing Underage Drinking* (Access at www.faceproject.org/Resources/PDF/WanderPreventUnderageDrink.pdf)

Figure 4. Example of a Goals Tool

Goals	Outcomes Questions	Outcomes Answers	Target Population (who and how many?)
To reduce the use of alcohol by persons under age 21 through the reduction of accessibility/availability of alcohol.	What will change?	Attitudes toward making cases for underage drinking	40 officers
	For whom?	Law enforcement	
	By how much?	10% improvement	
	When will the change occur?	After 1 year on the AET	
	How will it be measured?	Pre/post survey	
To reduce the use of alcohol by persons under age 21 through the reduction of accessibility/availability of alcohol.	What will change?	Attitudes toward making cases for underage drinking	60 merchants
	For whom?	Merchants	
	By how much?	10% improvement	
	When will the change occur?	After the training session	
	How will it be measured?	Pre/post and follow-up surveys	
To reduce the use of alcohol by persons under age 21 through the reduction of accessibility/availability of alcohol.	What will change?	Knowledge of laws regarding underage drinking	60 merchants
	For whom?	Merchants	
	By how much?	20%	
	When will the change occur?	After the merchant training	
	How will it be measured?	Pre/post survey	

Building Capacity for Action

Building capacity must remain a high priority for community coalitions. To address underage drinking, building capacity allows a coalition to identify and engage additional community members who need to be involved, to assess community resources to identify what needs further development, to collaborate effectively, and to secure needed resources for high-quality implementation.

The goals established in SPF Step 2 will help determine what capacities need to be developed or strengthened. For example, a goal to reduce the availability of alcohol to those under 21 will surely involve law enforcement, parents, merchants, and perhaps peers. The coalition must build the capacity to engage and mobilize these key stakeholders/target groups and to carry on and/or

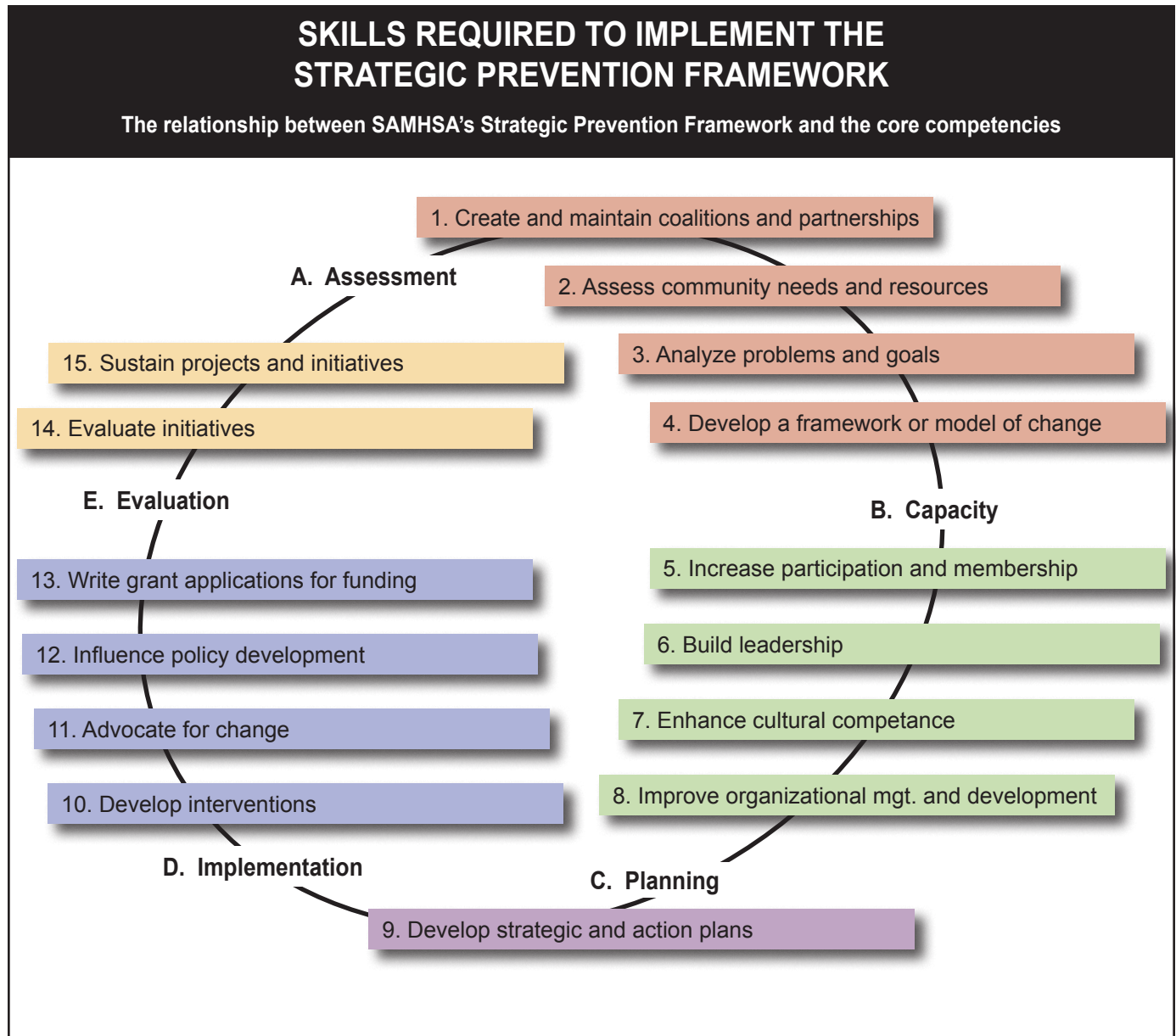
leverage among its members the advocacy, education, and program resources needed.

Capacities to be developed may be human, fiscal, technical, or structural. CADCA has identified 15 coalition skills required to implement the Strategic Prevention Framework. The relationship of the skills within the SPF is shown in Figure 5. The skills identified are:

1. Create and maintain coalitions and partnerships
2. Assess community needs and resources
3. Analyze problems and goals
4. Develop a framework or model of change
5. Increase participation and membership
6. Build leadership

7. Enhance cultural competence
8. Improve organizational management and development
9. Develop strategic and action plans
10. Develop interventions
11. Advocate for change
12. Influence policy development
13. Write grant applications for funding
14. Evaluate initiatives
15. Sustain projects and initiatives

Figure 5. Coalition Skills Required to Implement the Strategic Prevention Framework



CHARACTERISTICS OF A SUCCESSFUL COALITION

- Has a written strategic plan with measurable objectives to reduce, prevent, and treat substance use.
- Disseminates a regular report detailing the community's strategy and the progress being made to reduce substance use.
- Generates funding from diverse sources for general coalition-building activities.
- Maintains stable participatory/governance bodies with representatives from a variety of community institutions to monitor and direct the coalition's activities.
- Collaborates with local government officials and policy makers.
- Makes efforts to change public policy that will reduce the harms from substance use.

Building Capacity for Cultural Competence

The U.S. Department of Health and Human Services defines cultural competence as:

“A set of behaviors, attitudes and policies that come together in a system, agency, or program or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among, and between groups.”

A coalition needs to think of cultural competence on multiple levels: in community-level interactions, within the coalition itself, and within host organization.

In building capacity for cultural competence, it is important that members of the coalition are familiar with guiding principles and core concepts of cultural competence.

Steps recommended by CADCA's National Institute for achieving cultural competence in coalitions are as follows:

- **Focus on the common ground first. Discussions can become frustrating and unproductive when they focus on differences too soon in the process.**

Sometimes they start to feel like a tug-of-war between perspectives, when in truth a larger goal or principle unites these perspectives. By identifying the commonalities first, members will be in a better position to think clearly about the implications of the differences. You will want your coalition members to build that common ground together—for example, by creating through dialogue a shared understanding of substance abuse problems.

- **Take time to discuss differences in language, communication style, attitudes, and traditions of stakeholders.** Not only do expressions hold sometimes very different meanings for members of diverse cultural groups, but health and human service professionals often fail to realize just how much jargon they use—and how confusing this language can be for certain groups (e.g., youth and grassroots leaders).
- **Make sure each member understands why every member is at the table and what he/she hopes to accomplish.** It is essential that your coalition members view each other as having a legitimate role in the process.

SPF Step 3: Develop a Comprehensive Strategic Plan

SPF Step 3

Step 3 in the SPF process is planning. This step involves developing a comprehensive strategic plan, selecting evidence-based strategies that “fit” the community, and determining activities and timelines to ensure high quality implementation.

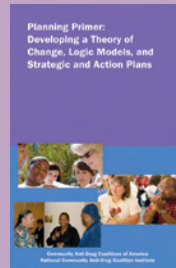
So far in the SPF process, your coalition has collected information through a needs assessment, identified potential goals and objectives, worked to build community capacity to mobilize, and begun to review potential strategies to be implemented.

Selecting Strategies to Implement

How does a coalition decide which strategy or strategies to implement? There is no simple answer to the question; however, there are some key issues to consider. Listed below are some suggestions adapted from *Preventing Underage Drinking* (Access at www.faceproject.org/Resources/PDF/WanderPreventUnderageDrink.pdf)

- 1. Make sure that coalition members are truly aware of the current laws and ordinances that are already “on the books.”**
- 2. Pay attention to the political processes underlying many of the environmental strategies.** Generally, action in areas where there is community concern and some political present is most productive.
- 3. Determine what conditions or factors are major sources of serious consequences?** It is more advantageous to pursue one strategy well than to pursue too many strategies that are not well implemented.
- 4. What conditions or factors are modifiable or preventable within the timeframe and budget?** Select strategies that have support and are feasible. For example, if law enforcement officials are actively engaged and supportive, consider choosing strategies that are law enforcement-oriented such as compliance checks and sobriety checkpoints rather than selecting an expensive media campaign.

KEY RESOURCE



CADCA’s National Institute Primer on Planning

Planning Primer: Developing a Theory of Change, Logic Models, and Strategic and Action Plans

Available at www.coalitioninstitute.org/SPF_Elements/Planning/PlanningPrimer-01-2007.pdf

5. Which strategies show the greatest likelihood for positive results? “Nothing succeeds like success.” Carefully choosing strategies that have been shown to have positive results helps ensure that efforts will pay off.

6. What conditions or factors are not being addressed effectively with other initiatives? Using information from the resource assessment, it is important to identify similar efforts that are taking place in the community to determine if your proposed strategy would duplicate or enhance and complement those efforts.

Managing the Planning Process

In the CADCA National Institute’s *Planning Primer: Developing a Theory of Change, Logic Models, and Strategic and Action Plans* the following point is made:

“How your coalition moves through the planning process can make or break a coalition.”

The point is made that planning efforts within a coalition are considerably more complex than planning a program where there is typically more control and paid staff.

Producing a Strategic Plan

A well-written strategic plan serves as an ongoing planning document that specifies who will do what, when,

and where. A high-quality plan can improve implementation which, in turn, contributes to improved outcomes.

Key resources for assistance in developing a strategic plan include the following:

KEY RESOURCES FOR STRATEGIC PLANNING

SAMHSA's Prevention Platform (<https://preventionplatform.samhsa.gov/>) assists users in developing a simple planning report.

Preventing Underage Drinking

www.faceproject.org/Resources/PDF/WanderPreventUnderageDrink.pdf

Provides detailed, step-by-step instructions and tools for developing a strategic plan for implementing environmental strategies to prevent/reduce underage drinking.

Strategic Plan vs Action Plan

Generally speaking, a ***strategic plan*** covers a 3- to 5-year period. It describes your hopes for the future and may include problems in your community that you can address with current funds as well as problems you hope to address as your coalition secures additional resources.

***Think
comprehensively
even if you
cannot act
comprehensively.***

By contrast, an ***action plan*** is usually much more specific in terms of who is doing what, and also is of shorter duration, e.g., one year. It also addresses only those actions for which you currently have resources. It is more specific than a strategic plan, and includes, step by step, what actions will be taken to achieve the outcomes, who will do what, and by when.

Elements of a Strategic Plan

Elements usually contained in a strategic plan are vision, mission, goals, objectives and strategies.

The ***vision*** reflects “the dream.” It communicates the hope for how the community will be when all outcomes have been achieved. The vision should be understandable, comprehensive, inspiring, and easy to communicate. Example: “A Safe and Drug-Free (City Name).”

The ***mission*** statement describes what the coalition is going to do and why. The mission statement is more concrete and more action oriented than the vision statement; it refers to the problem and suggests what is to be done. Example: “To create a safe and drug-free city through collaborative planning and action.”

Goals express the longer-term, more global outcomes intended. Example: “To decrease accessibility/availability of alcohol by youth under age 21 in (city).”

Objectives tell what will be achieved, with whom, by when. They are the specific, measurable results a coalition plans to accomplish and serve as the basis by which to evaluate the work of the coalition. Example: “By 2010, compliance with requirements for “carding” all persons purchasing alcohol in (city) will be increased to 96% as the result of merchant training.”

Strategies identify the overarching approach that will be used to achieve intended outcomes. Example: “Training to improve merchants’ skills in ‘carding’ all persons purchasing alcohol.”

Elements of an Action Plan

An action plan is like a blueprint for your coalition and the initiatives you are undertaking. It serves many purposes, including showing community members that your coalition is organized and committed to getting things done and helping ensure that details are not overlooked. Shown in Figure 6 is a Sample Action Plan. For each strategy, specific activities are listed along with who has responsibility and the timeline.

Figure 6. Sample Action Plan

Objective: By 2011, decrease youth access to alcohol by commercial sources by 10 percent.		
Strategy: Increase enforcement by sales to minors laws through decoy sting operations by law enforcement.		
Activity	Who is responsible?	By when?
Meet with local law enforcement	Subcommittee of coalition	Month 1
Recruit youth volunteers to serve as decoys	Youth serving organization (coalition member)	Month 2
Train youth and law enforcement in decoy sting operations	Law enforcement	Month 2
Place article in newspaper announcing upcoming sting operation (required by law)	Coalition subcommittee	Month 2
Identify retail outlets to be visited	Local alcohol control board (coalition member)	Month 1-2
Develop protocol to track compliance results	Subcommittee of coalition	Month 2-3
Conduct sting operations	Law enforcement and youth	Month 3-6
Report on compliance results	Coalition staff and law enforcement	Month 7

CHECKLIST FOR DEVELOPING A STRATEGIC PLAN

Make sure your community has...

- ✓ Identified specific, well-planned activities to reach your goals.
- ✓ Created a realistic timeline for completing each activity.
- ✓ Identified those who can be responsible for each activity.
- ✓ Identified facilities/locations available for each activity.
- ✓ Identified resources needed for each activity.
- ✓ Identified resources available for each activity.
- ✓ Ensured adequate levels of collaboration including roles for partners.
- ✓ Identified potential barriers (and possible solutions) to high-quality planning.

SPF Step 4

SPF Step 4: Implement Evidence-Based Prevention Strategies and Activities

Step 4 in the SPF process is implementation. This step involves implementing evidence-based prevention strategies and activities with fidelity and with ongoing attention to the quality of implementation.

Why Use Evidence-based Strategies?

For the purpose of preventing/reducing underage drinking, a strategy or program is “evidenced-based” if it has shown to reliably produce measurable reductions in underage drinking in communities or research settings. Implementing a program or policy that has already been shown to be successful increases your likelihood in reducing underage drinking. Additionally, funding sources—both public and private—are increasingly requiring that programs and strategies being proposed are evidence-based to qualify for funding. See the Chapter “Strategies That Prevent Underage Drinking” for important information and resources for implementing evidence-based strategies.

Keys to Successful Implementation

Typically, the implementation of a multi-strategy approach to the prevention of underage drinking will be undertaken by coalition member or partner agencies and organizations. The role of coalition members now

KEY RESOURCE



CADCA’s National Institute Primer on Implementation

Implementation Primer: Putting Your Plan into Action

Available at www.coalitioninstitute.org/SPF_Elements/Implementation/ImplementationPrimer--05-2007.pdf

moves from planning to oversight, mutual accountability and monitoring. Coalitions can effectively make this transition to implementation by engaging members in the monitoring process through meetings where people come together to talk about implementation issues, brainstorm ways to address challenges and make mid-course corrections.

The transition to implementation is aided by a clear understanding of the differences between a coalition and a program. Shown in Table 3 is a comparison of coalitions and programs which are differentiated on three criteria: scale, focus, and actors.

Table 3. Essential Differences Between Coalitions and Programs

Coalitions	Programs
Scale Coalitions measure success by examining community-level indicators. This applies to all coalition outcomes (short- and long- term).	Programs measure change in individuals who have been directly affected by the intervention(s).
Addresses multiple causes Coalitions seek to ensure that all causes of identified problems are addressed.	Programs are more focused on single strategies, e.g., parenting classes or peer mentoring.
Actors Coalition activities are diffused and taken by all members with staff playing more of a coordinating and supporting role.	Program staff lead the process and are responsible for implementing interventions.

Source: CADCA’s National Institute

Evaluating Implementation

How well a strategy is implemented is critical to the results achieved. Evaluation of implementation, referred to as “process evaluation,” documents activities, assesses the quality of implementation, identifies strengths and weaknesses of implementation, and provides information for going improvement.

Key process evaluation questions include the following:

*Did the strategy follow the basic plan for implementation?
What factors facilitated/challenged implementation?*

Examining implementation successes and obstacles provides information critical for ongoing improvement. Learning from successes and challenges helps avoid pitfalls in the future.

What were the characteristics of participants? Was the intended target audience reached?

Comparing the number and types of actual participants to intended numbers and targets assesses whether the intervention is reaching the intended target audience.

What are the participant levels of satisfaction with the strategy?

Brief participant feedback surveys and/or focus groups will provide satisfaction information including participant suggestions for improvement.

What is the staff's perception of the strategy and its implementation?

Staff and volunteers can provide in-depth perspectives on how well a strategy is being implemented. Their perspectives can be gathered in debriefings, focus groups, and/or interviews.

Was the strategy implemented in accordance with established program/strategy protocol?

For many evidence-based programs and strategies, manuals are available that specify procedures to follow. Monitoring implementation to see if procedures are being followed can ensure a high level of quality.

Findings from the process evaluation are of value to those implementing the strategies and to funders who have interest in the accuracy with which evidence-based interventions are implemented.

Cultural Competence in Implementation

As noted in SPF Step 2, a coalition needs to think of cultural competence on multiple levels: in community-level interactions, within the coalition itself, and within host organizations. Steps recommended by CADCA's National Institute for achieving cultural competence in coalition interventions are as follows:

- **Affirm a coalition-wide commitment to cultural competence.** Cultural competence is not a problem to be solved. There is no action step that coalitions can take to secure their “culturally competent” status for the duration of their work. Instead, it requires ongoing attention and reflection: culturally competent thinking must be woven into the fabric of your coalition's work. A good starting point is to formally acknowledge the importance of cultural competence in your coalition's values statements. Doing so provides justification for bringing up cultural competence as a regular facet of your coalition's work.
- **Know your coalition's strengths and weaknesses when it comes to cultural competence.** This knowledge should be generated by group discussion. Factors to evaluate include: What is our coalition's historical relationship with various groups in the community? What are the track records of various member and partner organizations when it comes to working with different populations? Which subgroups does our coalition readily consider when designing our work? Which subgroups do we tend to overlook or have trouble incorporating? For example, many coalitions have youth activities, but youth are not involved in the coalition's governing system. In other cases, they are patronized.
- **Engage in outreach.** No matter how diverse or representative your coalition membership becomes, your membership should still be considered a gateway to knowledge about the needs and preferences of different groups in your community, not as a stopping point. To truly understand how to shape and conduct approaches that fit the different cultural elements in your community, your coalition needs to commit to ongoing outreach with and engagement of the members of these communities.

- **Discuss and document how your coalition will work with and translate to the cultural subgroups in your community.** Some issues such as overcoming language barriers are more obvious; others, such as the underlying compatibility of your proposed approach across cultural groups, are often more subtle. Questions to ask include: Will your strategy be embraced or resisted by members of different groups? Why? What underlying values or beliefs influence this?
- **Make your coalition's work known in the languages spoken in your community.** For example, if your coalition makes its efforts known in the local media, make sure your efforts include outreach to newspapers in different languages used in your community.

ENGAGING MEDIA AND OTHER INFLUENTIAL PEOPLE

The following are media awareness and advocacy strategies that have been used effectively:

- Hold individual meetings with those who are in key positions to affect change (e.g., elected/appointed officials, civic leaders, police chief/sheriff, business leaders/merchants) to convince them that addressing underage drinking is a good idea and to engage them in efforts.
- Target law enforcement with the message that better enforcement is a good investment of resources because enforcement may lessen alcohol-related accidents and crime, thereby lessening the burden on law enforcement.
- Visit alcohol merchants with messages such as the following:
 - “You don’t have to worry about losing your license to sell alcohol if you never sell to intoxicated or underage individuals.”
 - “You will protect yourself from legal liability arising from the behavior of impaired patrons if you never serve anyone to the point of intoxication.”
 - “You will be known as an establishment with a good reputation if you help keep the community safe and healthy by doing your part to prevent alcohol abuse, addiction, and alcohol-related problems.”
- Hold a press conference describing findings from your community’s needs/resource assessments. Discuss how preventing/reducing underage alcohol use can contribute to decreases in alcohol-related problems.
- Work with local media outlets to air PSAs describing the problems associated with underage drinking.
- Try to get media coverage of the problem by staging a town hall meeting or other event where the issue highlighted.
- Issue press releases that describe the activities of your coalition or other important events, such as public hearings on the issuance of new liquor licenses.
- Write an “Op-Ed” piece. See FACE (www.faceproject.org) for a sample and instructions.
- Ensure that the coalition members are available to be interviewed and educate all members about the data on underage drinking so they are well-prepared and knowledgeable.

Adapted from Preventing Underage Drinking; Available at www.faceproject.org/Resources/PDF/WanderPreventUnderageDrink.pdf

SPF Step 5: Monitor, Evaluate, Sustain, and Improve or Replace Strategies That Fail

SPF Step 5

Step 5 in the SPF process is evaluation. This step involves evaluating outcomes, instituting continuous quality improvement, and sustaining effective strategies.

Evaluating Outcomes

An outcome evaluation provides evidence of whether an intervention or strategy was effective in achieving longer-term goals.

Evaluating outcomes can answer basic yet critically important questions such as:

- *How well did the environmental strategy work?*
- *Should the environmental strategy continue?*
- *Should funders continue to spend their money on this environmental strategy?*

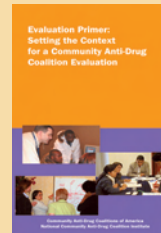
Selecting Outcomes to Assess

Select Outcomes to Assess

Some common outcomes for environmental strategies are the short-term results of changes in laws and policies, such as:

- reduced access to alcohol by underage youth
- more responsible serving practices
- decline in the number of alcohol licenses issued
- decline in the number of conditional use permits utilized when granting alcohol licenses
- increase in the number of alcohol outlets in compliance with conditions needed to maintain alcohol sales permits (e.g., Responsible Beverage Service)
- increase in the number of alcohol outlets that implement happy hour restrictions
- increase in the number of public events that restrict access to alcohol
- decrease in availability of alcohol to youth at special events and in public places (e.g., number of patrons under age 21 being able to purchase, get, or consume alcohol).

KEY RESOURCE



CADCA's National Institute Primer on Evaluation

Evaluation Primer: Setting the Context for a Community Anti-Drug Coalition Evaluation

Available at www.coalitioninstitute.org/Evaluation-Research/EvaluationPrimer-07-2007.pdf

Examples of longer-term outcomes of underage drinking consequences could include:

- rates of DUI arrests and convictions
- the distance between each alcohol outlet and a school or other youth-related area
- the distance between each alcohol outlet
- number of calls to law enforcement complaining of incidents related to specific alcohol outlets (e.g., fighting)
- number of emergency room admissions that involve alcohol.

Outcomes Required by Various Funding Programs

Coalitions and any other organization receiving funding must pay particular attention what outcomes funders require grantees to evaluate. Some examples of funding programs and the outcome measures they require are listed below.

Drug-Free Communities (DFC)

DFC grantees are required to participate in a national cross-site evaluation that involves collection of data on four core measures for school-age youth, grades 6 to 12. The core measures are:

- Average age of onset of any drug use. The average age youth report first trying alcohol, tobacco or marijuana.

- Past 30-day use. The percentage of youth who report using alcohol, tobacco or marijuana in the past 30 days.
- Perception of risk or harm. The percentage of youth who report feeling regular use of alcohol, tobacco or marijuana has moderate or great risk.
- Perception of parental disapproval of use. The percentage of youth who report their parents feel regular use of alcohol, tobacco or marijuana is wrong or very wrong.

For more information about measuring DFC core measures, please visit www.whitehousedrugpolicy.gov/dfc/files/reporting_guidelines.pdf.

Enforcement of Underage Drinking Laws (EUDL) Grantees

Among other outcomes, specific areas of performance that must be measured as part of EUDL include:

- Amount of change in level of state and local jurisdiction effort (e.g., number of new programs, number of new partners, etc)
- Amount of reduction in sales to minors
- Amount of reduction in consumption by minors
- Amount of improvement in enforcement (e.g., level of compliance monitoring, number of enforcement activities, increased use of evidence based enforcement strategies, etc.)

SAMHSA National Outcome Measures (NOMs)

Responding to requirements to assess the national incidence and prevalence of various forms of mental illness and substance abuse and demands for data to demonstrate the effectiveness of its programs SAMHSA has developed a set of National Outcome Measures (NOMs). A primary function of NOMs is the creation of a basic national data set to measure the performance of systems administered by State substance abuse and mental health agencies. SAMHSA is partnering with States and requiring all SAMHSA grantees to collect and report NOMs.

NOMs data cover 10 domains for all discretionary and block/formula grant programs with client-level outcomes:

- Abstinence from Drug/Alcohol Use
- Access/Capacity

- Employment/Education
- Crime and Criminal Justice Involvement
- Stability in Housing
- Social Connectedness
- Retention
- Perception of Care
- Cost Effectiveness
- Use of Evidence-based Practices

An in-depth description of SAMHSA's NOMs is at the web site www.nationaloutcomemeasures.samhsa.gov

Title V, Office of Juvenile Justice and Delinquency Prevention Program

Depending on the category of program funded, longer-term outcomes that are required to be evaluated include

- Improvements to the juvenile justice system
- Reduced recidivism
- Increased accountability
- Improvements in targeted behaviors

Instituting Continuous Quality Improvement

Continuous Quality Improvement (CQI) refers to systematic assessment and feedback of evaluation information for the purpose of informing an ongoing process of improvement. CQI uses information from planning, implementation, and evaluation processes.

Key questions to be considered in the process of CQI are as follows:

- *What additional community mobilization strategies are needed?*
- *Have the needs of the target group/resources in the community changed?*
- *Have the goals/desired outcomes/target population changed?*
- *Are new and improved science-based/best practice technologies available?*
- *Does the strategy continue to fit with (both philosophically and logistically) the values and context of the community?*
- *Have the resources available to address the identified needs changed?*

- *How well did you plan? What suggestions are there for improvement?*
- *How well was the strategy implemented?*
- *How well was the plan followed?*
- *What were the main conclusions from the process evaluation?*
- *How well did the strategy reach its outcomes?*
- *What were the main conclusions from the outcome evaluation?*

Sustaining Effective Strategies

Sustainability is important because ending a strategy to prevent underage drinking that is achieving positive results is counterproductive. Creating a comprehensive plan can require significant start-up costs and, when funding ends prematurely before full implementation or before outcomes can be demonstrated, resources are wasted. Furthermore, if a successful plan is not sustained, there can be much resistance from the local community or host organization to beginning another plan at a future date.

Components Related to Sustainability

Research suggests that the following components are related to sustainability:

Community Support

It is critical to maintain a good relationship with the various stakeholders that are likely to include law enforcement agencies, merchants, parents, event organizers and sponsors, and community leaders. Conduct satisfaction surveys, hold meetings, and use other methods to stay in touch with these groups so your coalition can do its best to meet these groups' needs. Including and "showcasing" partners at press conferences that announce positive results or at other types of events helps to bring visibility to the strategy and to the partners.

Level of Effectiveness

Environmental strategies should be effective to be worth sustaining. Research suggests that high visibility of the environmental strategy and a reputation for effectiveness are related to sustainability. Newspapers like to have stories showing that a community's efforts have resulted in improvements—a figure with a graph of statistics declining in a favorable direction makes a powerful statement.

Champions

Sustainability is politically oriented and can depend on generating goodwill for the continuation of the environmental strategy. Goodwill often depends on obtaining an influential advocate or champion. The champion can be internal to the organization (e.g., a high-ranking member of the organization) or external to the organization (e.g., superintendent of schools, city council member). If a policy panel was established, it could be useful to sustain the policy panel as a champion.

Negotiation Process

Many environmental strategies are driven by categorical funding in which the funder dictates the priorities and sometimes what environmental strategy should be used. A negotiation process, which can work to develop community buy-in for an environmental approach, may help to increase the likelihood of success. For example, an agency (e.g., police department) may be willing to sustain part of the plan (e.g., one of three environmental strategies) but not the other two. The community coalition and key stakeholders will need to decide if this negotiation is acceptable.

Training

Environmental strategies that train people with secure jobs in the organization are more likely to have lasting effects. That is, those who are likely to be secure in their job positions for a while can continue to implement the environmental strategies, train others in the environmental strategies, and form a constituency to support the environmental strategies. In other words, if the only people who operate the environmental strategy are those fully funded by the environmental strategy, when the funding ends there will be no one left to carry on any of its useful components. For example, training only a few officers in compliance checks or sobriety checkpoints may leave the strategy vulnerable to turnover. A more sustainable approach would be to include it in the training of all new police recruits.

Organizational Strength

Organizational strength includes goals of the institution that are consistent with strong leadership, and high skill levels. Successful environmental strategies will have strong organizations involved in their implementation. For example, it may be better to have a school system or a police department with public relations departments handle publicity than a small, under-funded, nonprofit organization.

Integration with Existing Environmental Strategies/Services

Environmental strategies that are “stand-alone” or self-contained are less likely to be sustained than environmental strategies that are well integrated within the host organization(s). If an environmental strategy is not integrated with other environmental strategies and services, it will be easier to cut when the initial funding ends. Therefore, a community coalition should work to integrate the environmental strategies with existing services, if possible, and not isolate them or portray them as “separate.”

Fit with Host Organization or Community

If the environmental strategy addresses a specific need or problem for the host organization or local

community, it will be perceived much more positively when initial funding is reduced. An environmental strategy that can demonstrate a value over what came before it (either a previous program or environmental strategy that was not as effective or a problem that was not being addressed) will be more valued by organizations and communities (see the accountability question on Fit, Chapter 6).

Routinization

A sustainable environmental strategy is fully integrated into normal operations in that it becomes routine; the more the efforts are part of “everyday practice,” the more likely the strategy is to be sustained.

Tips for Giving Funders the Data They Really Want

NOT Helpful		Helpful	
Data that represents geographic areas larger than the area you are targeting (like juvenile crime rates for the whole state of Virginia when you are only going to be implementing strategies in a particular community.	vs	Data that represents the specific community where the problem is to be addressed.	
Raw numbers that describe the problem in your area.	vs	Raw numbers AND percentages that show the proportion of the total population in your area that is affected by the problem.	
Only numbers that represent the geographic area where you work without any comparison data.	vs	Comparison data at a state, national town level and other geographic levels of interest to the funder.	
Data that is not relevant to the problem (like alcohol-related crashes when you are proposing a bullying prevention program).	vs	Data that scientific research has demonstrated is related to the problem you are addressing (like indicators of low commitment to school for a dropout prevention program).	
Data from newspapers, magazines, and TV news programs—sources that are not in the business of distributing reliable data.	vs	Data from reputable sources such as government agencies, national associations, and peer-reviewed journals.	
Data that are old (like 1990 Census data on race).	vs	The most recent available data from the chosen data source (like 2000 Census data on race).	
All the data you’ve ever found that relates somewhat to the problem. We call this a “data dump.”	vs	Data carefully selected and narrowed down from the entire list of all the data you found and presented in a targeted, compelling, concise problem statement.	

Adapted from the Greater New Orleans Community Data Center

Ten Evidence-based Environmental Strategies

Recommended Reading

The following information is excerpted from *Preventing Underage Drinking: Using the SAMHSA Strategic Prevention Framework and Getting to Outcomes to Achieve Results* by Pamela Imm, Matthew Chinman, and Abraham Wandersman in collaboration with Join Together.

This publication contains extensive information on how to plan, implement, and evaluate each of the ten strategies listed. Additionally, it contains numerous useful tools for applying the Getting to Outcomes model of evaluation to SAMHSA's Strategic Prevention Framework five-step approach to prevention.

Access at www.faceproject.org/Resources/PDF/WanderPreventUnderageDrink.pdf

1. Responsible beverage service

Responsible Beverage Service (RBS) is one type of merchant education program that can help generate public and business support for enforcement of laws to prevent sales to minors. As with all environmental strategies, RBS should be conducted as part of a larger comprehensive plan to reduce underage drinking. RBS programs target both on-sale and off-sale alcohol retailers and are designed to reduce sales to minors and intoxicated adults. RBS includes three critical components:

1. Media advocacy to promote policy change
2. Manager training, and
3. Server/seller training (Mosher, 1991).

Evaluations of the effectiveness (which primarily focus on preventing intoxication) are mixed but promising (Saltz & Sanghetta, 1997; Toomey et al., 1998; Wagenaar & Toomey, 1998). In general, RBS programs are more likely to be successful when they include a policy development component, focus on skill development and active learning techniques, and are implemented in the entire community as part of a larger plan including compliance checks and media advocacy (Grube, 1997; Saltz & Stanghetta, 1997; Toomey, et al., 1998).

Recommended elements of RBS training to prevent sales to underage youth (Colthurst, 2004):

- Target not only the servers, but also the managers and owners of bars and restaurants in the community.
- Promote drinks without alcohol.
- Check for proof-of-age identification.
- Prevent adults from purchasing alcohol for minors.
- Restrict sales of pitchers.
- Provide adequate security and supervision.

2. Alcohol compliance checks

Research indicates that the frequent use of compliance checks decreases alcohol sales to minors almost by half (Grube, 1997; Holder, 2000; Preusser, Williams, and Weinstein, 1994). Lewis et al. (1996) report that Florida has kept compliance rates at 88-90% over the last 20 years due to the vigorous use of compliance checks by community coalitions. In the Community Trials Project, compliance checks were part of an overall comprehensive community program in which alcohol related accidents were also significantly reduced (Holder, 2000). Compliance checks are thought to be most effective when they are frequent, well-publicized, well-designed, solicit community support, and involve penalties to the licensed establishment, rather than just the server (Mosher & Stewart, 1999; Toomey & Wagenaar, 2002). Applying penalties to the licensed holder will stimulate managerial changes to support a working culture and environment that abides by alcohol sales laws. By decreasing alcohol availability, compliance checks are believed to also reduce alcohol-related problems and crime among youth.

3. Happy hour restrictions

Research shows that as the price of alcohol decreases, alcohol consumption, intoxication, and drinking/driving increases (Chaloupka, et al., 2002), especially among minors (Grossman, et al., 1998; Chaloupka, et al., 2002). Promotions such as happy hours, drinking contests, and "all you can drink" specials encourage over-consumption by reducing prices. These promotions lead to tragic circumstances and restricting them can prevent these negative outcomes. For example, in 2001, the Harvard School of Public Health's College Alcohol Study demonstrated a significant correlation

between lower drink prices and higher binge drinking rates among 119 colleges across the United States. This same study demonstrated a reduction in self-reported drinking and driving rates when laws limited underage access to alcohol (Wechsler, et al., 2003). This reduction was even greater when these laws were actively enforced (Wechsler, et al., 2003; NHTSA, 2002; NHTSA, 2004).

4. Reducing alcohol outlet density

Areas with higher alcohol outlet density have higher levels of heavy drinking and alcohol-related problems, including violence, crime, alcohol-involved traffic crashes, and injuries. More than any other environmental factor, alcohol outlet density appears to be connected to location-specific violent crime (LaBouvie & Ontkush, 1998). Thus, reducing the density of alcohol outlets should result in less drinking-related problems. According to the Final Report of the NIAAA's Task Force on College Drinking's Panel on Prevention and Treatment (2002), restrictions on alcohol outlet density have been classified as effective environmental strategies with the general population. Chaloupka and Wechsler (1996) found that college students tend to drink more on campuses in which a large number of alcohol outlets are located within one mile of campus.

Geographic buffer zones between an alcohol establishment and a youth-related area act to reduce the accessibility of alcohol to young people by making it less prevalent in their immediate environment (Weitzman, Folkman, Folkman, & Wechsler, 2003). According to Wittman (1998) and Mosher and Stewart (1999), buffer zones should cover a large geographic area (e.g., 1,000 feet or more) in order to be effective.

5. Sobriety and traffic safety checkpoints

Multiple studies indicate that sobriety/traffic safety checkpoints are very effective in reducing alcohol-related traffic crashes, injuries, and deaths. According to a review by Peek-Asa (1999), traffic safety checkpoints were found to effectively reduce alcohol-related fatalities anywhere from 8% to 71%. Shults et al. (2001) found a median decline in fatal crashes approaching 22% when reviewing studies on sobriety/traffic safety checkpoints. In another review by Fell et al. (2001), checkpoints conducted on a weekly basis decreased alcohol related fatal crashes by 20%. Despite their effectiveness, Fell et al. (2001) concluded that traffic safety checkpoints

were regularly conducted (on a weekly basis) in only 11 states in the United States, with a total of 37 states reporting that they conducted traffic safety checkpoints from one to two times a year. Approximately 13 states in the United States do not conduct these checkpoints due to the prohibition of them or other policy issues.

While the effects of sobriety/traffic safety checkpoints specifically for youth are largely unknown, the effects appear to be powerful at a community-wide level. Traffic safety checkpoints, combined with a vigorous awareness campaign, tend to further decrease alcohol-related accidents among youth (Presseur & Stewart, 2000). For example, the enforcement of zero tolerance laws is somewhat effective alone, reducing alcohol-related traffic accidents by 30% among young drivers in one study (Blomberg, 1993; Presseur & Stewart, 2000). However, when the enforcement of zero tolerance laws was combined with a vigorous public awareness campaign, the number of alcohol-related accidents among underage drivers was reduced by 49%, almost an additional 20% more than zero tolerance laws alone (Blomberg, 1993; Presseur & Stewart, 2000).

6. Graduated drivers' license laws

One evaluation of six states showed at least some crash reduction among teen drivers following graduated licensing implementation. In other words, fewer teens are experiencing crashes and becoming injured (Shope & Molnar, 2003). Declines in the crash rates after the graduated licensing have also been documented in studies of individual states, including California (17-28%) (Rice et al., 2004; Cooper et al., 2004), Michigan (19%) (Shope & Molnar, 2004), and Utah (16%) (Hyde, Cook, Knight, and Olson, 2005). Despite these improvements, adherence to the restrictions and their enforcement could be better. For example, Goodwin and Foss (2004) studied how well North Carolina's graduated licensing restrictions are known, complied with, and enforced, using interviews with 900 teenagers and their parents and discussions with 20 law enforcement officers. While knowledge of the restrictions among parents and teenagers was high, violations of the restrictions by teenagers ranged from 25% to 33% per restriction. Both teenagers and the officers interviewed expressed little concern about graduated licensing enforcement.

7. Social host laws

Social host liability laws state that adults who provide alcohol to minors or those who are obviously intoxicated can be held legally liable if the person is killed or injured, or kills or injures another person.

Social host liability laws have research evidence showing they are effective. In one analysis of all 50 states, social host laws were associated with reductions in heavy drinking as well as drinking and driving (Stout, Sloan, Liang, & Davies, 2000). In another study, these laws were related to decreases in adult alcohol-related traffic deaths across all states for the years 1984–1995 (Whetten-Goldstein, 2000). In addition to the specific research evidence, these laws are based on good theory. Youth often get alcohol at home or from those over 21 who purchase it for them. Social host liability laws may prevent parents and other adults from hosting parties and providing alcohol for underage youth by educating them about the law, sending a message that it is illegal, and providing a significant consequence (i.e. being arrested). In some states, social host liability is covered under dram shop law. Dram shop liability refers to a drinking establishment's potential financial liability for serving alcohol to an intoxicated or underage person who later causes injury to a third party. However, dram shop law usually only covers commercial service and not individuals. Social host laws vary from state to state. Some state laws may only target those who provide to underage youth whereas others may also extend that to serving those who are intoxicated.

8. Keg registration

Beer kegs are a popular source of alcohol at teen parties. Kegs provide a cheap, convenient source of alcohol for youth and are often purchased by friends or relatives over 21. Keg registration policies are viewed as most effective when they are part of a comprehensive plan that includes a myriad of environmental strategies. Several states and numerous local jurisdictions now have keg registration laws and they appear promising. The one published study evaluating the effects of keg registration examined 97 U.S. communities. Results indicated that requiring keg registration lowered traffic-fatality rates (Cohen et al., 2001). Communities are varied in how they implement keg registration policies. Two documented cases are provided:

1. In Billings, Montana, a keg registration ordinance was passed by the City Council in June, 2002. A year-long process to get the ordinance passed was led by a group called Montanans United Saving Lives. The ordinance requires permanent marking on each keg that identifies where and when it was purchased. Other communities, including Bozeman, Montana are looking to Billings for direction on the best mechanisms for keg registration.
2. A different form of keg registration was passed in Madison, Wisconsin, in December, 2001. The City Council passed an ordinance that requires keg delivery requests be made in person at the store. The buyer must show two forms of ID at the store and be present at the delivery address to sign a receipt upon delivery. Records of all keg purchases are required to be kept by the stores for two years. Interesting, none of the liquor store owners expressed opposition to the new regulations, suggesting that the new law does not interfere with regular business operations.

9. Restricting alcohol sales at public events

Alcohol restrictions at community events include policies that control the availability and use of alcohol at public events, such as concerts, street fairs, and sporting games. Restrictions can be voluntarily or mandated by local legislation. There is some evidence to show that these restrictions may reduce alcohol-related problems, such as traffic crashes, vandalism, fighting, and other public disturbances. In the mid '90s, the administration of the University of Arizona formed an Alcohol Policy Committee with representation from diverse stakeholders to address the issue of alcohol-related problems at the university's football games (Johannessen, Glider, Collins, Hueston, & DeJong, 2001). In collaboration with campus police, the committee banned alcohol advertising and sponsorships, mandated that tailgating tents hire trained bartenders, required liability insurance for tent owners, banned the display or consumption of alcohol on parade floats, and used the local media to publicize, and the police to strongly enforce all of the above policies. The results indicated reduced availability of alcohol, elimination of beer kegs, more food and non-alcoholic drinks, greater presence of bartenders, and fewer complaints from surrounding neighborhoods. Cohen et

al. (2002) found that 97 cities across the United States, which banned alcohol consumption in public places and had more restrictions at sporting events, experienced less alcohol-related traffic fatalities.

10. Increasing taxes on sales of alcohol

Like many products, the overall price of alcohol affects how much people will consume, which in turn, affects the level of alcohol-related problems. The primary way to make alcohol more expensive, and therefore discourage consumption, is through increasing taxes on the sales of alcohol. Although somewhat simplified, the more alcohol costs, the less people will drink, thereby reducing alcohol-related problems.

Research indicates that higher alcohol taxes lead to reductions in the levels and frequency of drinking and heavy

drinking among youth (Coate & Grossman, 1988), lower traffic crash fatality rates (Ruhm, 1996), and reduced incidence of some types of crime (Cook & Moore, 1993). These results are corroborated by additional researchers (Chaluopka, Grossman, Saffer, 2002).

The National Bureau of Economic Research estimates that the number of youth who drink beer would have declined by 24% if alcohol taxes had kept pace with inflation since 1951 (Grossman et al., 1994). While certain groups may oppose such a tax, several surveys indicate that most Americans support increased taxes on alcohol. In its report released on September 10, 2003, *Reducing Underage Drinking: A Collective Responsibility*, the National Academy of Sciences recommended increasing alcohol excise taxes to curb underage drinking as an effective strategy that has shown consistent and positive results.

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GLOSSARY

- Abstinence**—Abstinence means total avoidance or non-use of substances such as alcohol, tobacco, and illicit drugs.
- Activities**—What is developed and implemented to produce desired outcomes.
- Age of Onset**—In substance abuse prevention, the age of first use of a substance.
- Alcohol Outlet Density**—The density and location of alcohol outlets (on and off premise) within a certain geographic area.
- Archival Data**—Also known as health status data or indicator data, this type of data shows trends over time. Located in national, regional, state, and local repositories (e.g., the Centers for Disease Control and Prevention, county health departments, local law enforcement agencies), this type of data can be useful in establishing baselines against which environmental strategy effectiveness can be assessed.
- Baseline**—Observations or data about the target area and target population prior to treatment or environmental strategy that can be used as a basis for comparison following environmental strategy implementation. Initial baseline data are usually collected through a needs/resources assessment process.
- Best Practice**—New ideas or lessons learned about effective environmental strategy activities that have been developed and implemented in the field and have been shown to produce positive outcomes.
- Capacity**—The various types and levels of resources that an organization or collaborative has at its disposal to meet the implementation demands of specific interventions.
- Compliance Checks**—Used to deter alcohol outlets from selling alcohol to underage youth, law enforcement officials supervise undercover youth who attempt to purchase alcohol, penalizing the establishment if the attempt is successful.
- Cultural Competency**—A set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups.
- Data**—Information collected and used for reasoning, discussion and decision making. In environmental strategy evaluation, both quantitative (numerical) and qualitative (non-numerical) data may be used.
- Data Analysis**—The process of systematically examining, studying, and evaluating collected information.
- Descriptive Statistics**—Information that describes a population or sample, typically using averages or percentages rather than more complex statistical terminology.
- Effectiveness**—The ability of an environmental strategy to achieve its stated goals and produce measurable outcomes.
- Environmental Strategies**—Strategies that are focused on the “environment” can fall within various domains, as can those that focus on individuals and families. Environmentally focused strategies address policies, norms, expectations, regulations, and enforcement within a shared environment. Such strategies tend to (1) have greater reach (affecting more individuals) and less strength (intensity per individual), (2) be longer in duration, and (3) show more rapid results.
- Evidence-based**—This term refers to a process in which experts, using commonly agreed-upon criteria for rating research interventions, come to a consensus that evaluation research findings are credible and can be substantiated. This process is sometimes referred to as “science-” or “research-based.”
- Focus Group**—A small group of people with shared characteristics who typically participate, under the direction of a facilitator, in a focused discussion designed to identify perceptions and opinions about a specific topic. Focus groups may be used to collect background information, create new ideas and hypotheses, assess how an environmental strategy is working, or help to interpret results from other data sources.
- Goal**—A broad statement that describes what the environmental strategy hopes to accomplish in the long term.
- Graduated Drivers’ License Laws**—Designed to gradually introduce new drivers to different driving circumstances, graduated drivers’ license (GDL) laws usually allow beginners to gain experience driving as they move from a highly supervised permit to a supervised license with restriction and then to a full-privileged drivers’ license.
- Happy Hour Restrictions**—Limits or bans placed on events that promote binge drinking, such as happy hours, ladies’ nights, all-you-can-drink specials, or unlimited beverages at a fixed price for a fixed period of time.
- Impact**—A statement of long-term, global effects of an environmental strategy. Generally is described in terms of behavioral change.
- Incidence**—The number of people within a given population who have acquired the disease or health-related condition within a specific time period, divided by the total population at risk of getting the disease during that period. It is often expressed as rates per million population.
- Keg Registration**—Requires kegs of beer be tagged with an identification number and information to be recorded about the purchaser to make it easier to track the whereabouts of kegs and the individuals using them, including underage youth and the adults who may have provided the keg for them.

Key Informant—A person with the particular background, knowledge, or special skills required to contribute information relevant to topics under examination in an evaluation.

Logic Model—A series of connections that link problems and/or needs with the actions taken to achieve the goals.

Mean (Average)—A middle point between two extremes or the arithmetic average of a set of numbers.

Needs Assessment—A systematic process for gathering information about current conditions within a community that underlie the need for an environmental strategy.

Outcome—An immediate or direct effect of an environmental strategy; outcomes are frequently stated as follows: By a specified date, there will be a change (increase or decrease) in the target behavior among the target population.

Short-term Outcomes (also known as immediate or intermediate outcomes): Changes that occur as a result of an environmental strategy that are measured immediately after implementation. Short-term outcomes are likely to be changes in attitudes, knowledge, and skills.

Long-term Outcomes (also known as impacts): Changes that occur as a result of many environmental strategies. Long-term outcomes are likely to be changes in behaviors, conditions (e.g., risk factors), and status (e.g., poverty rates).

Outcome Evaluation—Systematic process of collecting, analyzing, and interpreting data to assess and evaluate what outcomes an environmental strategy has achieved.

Prevalence—The total number of people within a population who have the disease or health-related condition, divided by the number of people at risk from that disease. It is often expressed as rates per million population.

Prevention Classification—Adopted from the Institute of Medicine’s classification system for prevention that includes universal, selective, and indicated prevention environmental strategies. Similar to previous systems using the language of primary, secondary, and tertiary prevention.

Universal Prevention: Prevention efforts targeted to the general population or a population that has not been identified on the basis of individual risk. Universal prevention environmental strategies are not designed in response to an assessment of the risk and protective factors of a specific population.

Selected Prevention: Prevention efforts targeted toward those whose risk of engaging in negative behaviors is significantly higher than average.

Indicated Prevention: Prevention efforts that most effectively address the specific risk and protective factors of a target population and that are most likely to have the greatest positive impact on that specific population, given its unique characteristics.

Process Evaluation—Assessing what activities were implemented, the quality of the implementation, and the strengths and weaknesses of the implementation. Process evaluation is used to produce useful feedback for environmental strategy refinement, to determine which activities were more successful than others, to document successful processes for future replication, and to demonstrate environmental strategy activities before demonstrating outcomes.

Protective Factor—An attribute, situation, condition, or environmental context that works to shelter an individual from the likelihood of a negative behavior (e.g., ATOD use, teenage pregnancy, child abuse).

Public Health Model of Prevention—This model of prevention can be illustrated by a triangle, with the three angles representing the agent, the host, and the environment. The agent is the substance, the host is the individual using the substance, and the environment is the social and physical context of use. A public health model, using the science of epidemiology, stresses that problems arise through the relationships and interactions among host, agent, and environment.

Readiness—The community’s awareness of, interest in, and ability and willingness to support substance abuse prevention initiatives.

Restricting Access at Sporting and Community Events—Policies that restrict the availability of alcohol at public events, including, but not limited to, sports games, community festivals, and other public venues.

Resource Assessment—A systematic examination of existing structures, environmental strategies, and other activities potentially available to assist in addressing identified needs.

Responsible Beverage Service—A training program for alcohol beverage servers to reduce alcohol sales to persons under 21 and intoxicated individuals. Merchants who require RBS can benefit from reduced insurance rates and less exposure to court-ordered liability awards.

Risk Factors—An attribute, situation, condition, or environmental context that increases the likelihood of negative behaviors (e.g., drug use or abuse, teenage pregnancy, child abuse).

Social Host Laws—Laws that hold noncommercial servers of alcohol, such as homeowners or parents, liable in the event that they provide alcohol to a minor or an obviously inebriated individual who later becomes involved in an accident that causes injury or death to a third party.

Social Indicator—A measure of a social issue that has been tracked over time (e.g., family and community income, educational attainment, health status, community recreation facilities, per pupil expenditures, etc.). Social indicators are often used to document levels of community and group risk, and to serve as proxies for the existence of social problems, such as substance use/abuse.

Social Marketing—Using commercial marketing techniques to develop, implement, and evaluate programs designed to influence the behavior of a target audience. Social marketing integrates health communications theory into research and practice. The six-stage process includes planning, channel selection, materials development, implementation, effectiveness evaluation, and revision. Social marketing often relies on the use of mass media and involves identifying the needs of a specific group, supplying information so people can make informed decisions, offering services that meet needs, and assessing how well the needs were met.

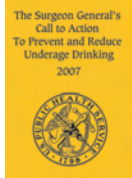
Sustainability—The likelihood of a program to continue over a period of time, especially after grant monies disappear.

Target Population—The individuals or group of individuals for whom an environmental strategy has been designed and upon whom the environmental strategy is intended to have an impact.

Theory of change—A theory of change creates a commonly understood vision of the problem being addressed and defines the evidenced-based strategies or approaches proven to address that problem.

KEY REPORTS, STUDIES, AND GUIDES

The publications listed here represent selected major reports and studies on underage drinking that have been particularly influential in informing recent policy and practice. Also listed are key guides to using the SPF planning process.



The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking
www.surgeongeneral.gov/topics/underage-drinking/calltoaction.pdf

There are three action guides—specifically for families, communities, and educators—based on **The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking (PDF)**. These guides highlight what each group can do to reduce underage alcohol use in America and help prevent the problems underage drinking causes.

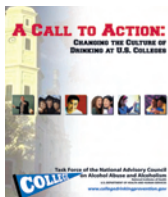
- **A Guide to Action for Families**
www.stopalcoholabuse.gov/media/underagedrinking/pdf/family.pdf
- **A Guide to Action for Communities**
www.stopalcoholabuse.gov/media/underagedrinking/pdf/community.pdf
- **A Guide to Action for Educators**
www.stopalcoholabuse.gov/media/underagedrinking/pdf/educators.pdf



**Reducing Underage Drinking:
A Collective Responsibility**

Report Brief on Institute of Medicine Web site:
www.iom.edu/?id=15100&redirect=0

This joint report by the National Research Council and Institute of Medicine, addresses why alcohol use by young people is so pervasive and proposes a new way to combat underage alcohol use. It explores the ways in which may different individuals and groups contribute to the problem and how they can be



A Call to Action: Changing the Culture of Drinking at U.S. Colleges
www.collegedrinkingprevention.gov/media/TaskForceReport.pdf

This 2002 report from the Alcohol Abuse and Alcoholism's (NIAAA's) Task Force on College Drinking has proven influential in the college alcohol and other drug (AOD) prevention

and treatment field. Statistics introduced in the report are routinely used to convey the magnitude of college drinking problems and their consequences.



**What Colleges Need to Know Now:
An Update on College Drinking Research**
www.collegedrinkingprevention.gov/1College_Bulletin-508_361C4E.pdf

A 2007 update of the 2002 NIAAA Task Force Report, the publication describes recent studies and ongoing research and contains ideas and models for Campus-Community Partnerships.

CADCA's National Institute's Primer Series

The Institute's Primer Series is aimed at providing guidelines for coalitions navigating the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF). Each primer is designed to stand alone and work with the others in the series. While the series focuses on the process organized through the SPF, the elements can be applied by any community coalition.

Although not a part of the SPF, Capturing the Four Core Measures addresses a requirement of all Drug-Free Communities Support Program grantees. The publication serves as an addendum to the Primer Series.

Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals
www.coalitioninstitute.org/SPF_Elements/Assessment/AssessmentPrimer-final-08-09-2006.pdf

Capacity Primer: Building Membership, Structure, Leadership, and Cultural Competence
www.coalitioninstitute.org/SPF_Elements/Capacity/Capacity%20Primer-Final-07-31-2006.pdf

Planning Primer: Developing a Theory of Change, Logic Models, and Strategic and Action Plans
www.coalitioninstitute.org/SPF_Elements/Planning/PlanningPrimer-01-2007.pdf

Implementation Primer: Putting Your Plan into Action
www.coalitioninstitute.org/SPF_Elements/Implementation/ImplementationPrimer--05-2007.pdf

Evaluation Primer: Setting the Context for a Community Anti-Drug Coalition Evaluation
www.coalitioninstitute.org/Evaluation-Research/EvaluationPrimer-07-2007.pdf

Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan
www.coalitioninstitute.org/SPF_Elements/CulturalCompetence/CulturalCompetencePrimer-07-2007.pdf

Sustainability Primer: Fostering Long-Term Change to Create Drug-Free Communities
www.coalitioninstitute.org/SPF_Elements/Sustainability/SustainabilityPrimer-07-2007.pdf

Beyond Basics Topic-Specific Publications for Coalitions

The Coalition Impact: Environmental Prevention Strategies
www.coalitioninstitute.org/EnvironStrat/ES_FINAL-04-2008.pdf



Community How to Guides on Underage Drinking

www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Guides_index.html

These National Highway Traffic Safety Administration Community How To Guides address fundamental components of planning and implementing a comprehensive underage drinking prevention program. The guides are designed to be brief, easy to read, and easy to use. The appendices include useful tools for each topic area that provide coalitions and organizations with a jump-start in their planning and implementation activities. Guides focus on the following topics: Coalition building, needs assessment and strategic planning, evaluation, prevention and education, enforcement, public policy, media relations, self sufficiency, and resources.



Preventing Underage Drinking Using Getting to Outcomes with the SAMHSA Strategic Prevention Framework to Achieve Results
www.faceproject.org/Resources/PDF/WanderPreventUnderageDrink.pdf

In-depth information on each of these 10 evidence-based environmental strategies can be found in the report *Preventing Underage Drinking: Using the SAMHSA Strategic Prevention Framework and Getting to Outcomes to Achieve Results*. The publication focuses on environmental strategies and applies the Getting to Outcomes model of evaluation to SAMHSA's Strategic Prevention Framework five-step approach to prevention.

KEY SOURCES OF INFORMATION AND RESOURCES

The sources of information and resources listed here are intended to provide primary starting points to assist community coalitions in locating the most credible information and useful resources that can be used in local efforts to address underage drinking. The list is not a complete and comprehensive list of resources; however, by using these primary starting points and following links of interest, coalitions will be able to access a very broad range of usable resources.

PRIMARY FEDERAL PORTAL



www.StopAlcoholAbuse.Gov

A comprehensive portal of Federal resources for information on underage drinking and ideas for combating this issue. People interested in underage drinking prevention—including parents, educators, community-based organizations, and youth—will find a wealth of valuable information here.

Substance Abuse and Mental Health Services

Administration (SAMHSA) Prevention Platform

Web-based Communities That Care® Community Planning System

https://preventionplatform.samhsa.gov/Macro/CSAP/dss_portal/Templates_redesign/start.cfm

SAMHSA's Prevention Platform is a systemic community-based approach that uses a five-step process. The Community Planning System is an online resource that provides informational resources and interactive tools.

SAMHSA's Registry of Evidence-based Programs and Practices (NREPP)

www.nrepp.samhsa.gov/index.htm

A SAMHSA Resource, NREPP is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field. NREPP publishes a report called an intervention summary for every intervention it reviews. Each intervention summary, available online, includes:

- Descriptive information about the intervention and its targeted outcomes
- Quality of Research and Readiness for Dissemination ratings
- A list of studies and materials submitted for review
- Contact information for the intervention developer

Centers for the Application of Prevention Technologies (CAPTs)

<http://captus.samhsa.gov/home.cfm>

The CAPTs are regional technical assistance providers for the Center for Substance Abuse Prevention (CSAP), an agency of SAMHSA. The CAPTs assist States/Jurisdictions and community-based organizations in the application of evidence-based substance abuse prevention programs, practices, and policies. They are intended to increase the impact of the knowledge and experience that defines what works best in prevention programming. Although Virginia is in the Southeast Region, prevention resources are available online from all the regional centers.

National Clearinghouse on Alcohol and Drug Information (NCADI)

www.ncadi.samhsa.gov or call 1-800-729-6686

Provides general information about underage drinking, its effects on adolescents, families, and communities and what can be done to stop underage drinking.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

www.niaaa.nih.gov

One of the National Institutes of Health (NIH) Institutes, NIAAA provides leadership in the national effort to reduce alcohol-related problems by:

Conducting and supporting research in a wide range of scientific areas including genetics, neuroscience, epidemiology, health risks and benefits of alcohol consumption, prevention, and treatment; Coordinating

and collaborating with other research institutes and Federal Programs on alcohol-related issues; Collaborating with international, national, state, and local institutions, organizations, agencies, and programs engaged in alcohol-related work; and Translating and disseminating research findings to health care providers, researchers, policymakers, and the public.

NIAAA's Alcohol Policy Information System (APIS)
www.alcoholpolicy.niaaa.nih.gov

A project of the NIAAA, APIS is an online resource that provides detailed information on a wide variety of alcohol-related policies in the U.S. at both the state and federal levels.

Community Anti-Drug Coalitions of America (CADCA)
<http://cadca.org>

CADCA is a 501(c)(3) non-profit organization that works to strengthen the capacity of community coalitions in their effort to create and maintain safe, healthy and drug-free communities. CADCA supports its members with training and technical assistance, public policy advocacy, media strategies and marketing programs, conferences and special events.

CADCA National Coalition Institute

CADCA's National Coalition Institute helps build more effective community anti-drug coalitions through training, technical assistance and educational materials. The Institute serves as both a vehicle for coalition-specific substance abuse prevention policy development and a center for coalition training, technical assistance, evaluation, research and capacity building. The Institute aims to Improve coalitions' use of data for needs assessment and strategic planning.

- Improve the structure, operation, leadership and sustainability of coalitions.
- Support coalitions in their implementation of the principles of effective coalitions and the development and use of evidence-based intervention strategies.
- Improve coalitions' ability to track results that measure process and outcomes.

Community Tool Box
<http://ctb.ku.edu>

The Community Tool Box is the world's largest resource for free information on essential skills for building

healthy communities. It offers more than 7,000 pages of practical guidance in creating change and improvement.

Mothers Against Drunk Driving (MADD)

National: www.madd.org

Virginia: www.maddva.org

MADD works to prevent drunk driving, offer advocacy to the victims of this violent crime and prevent underage drinking. MADD maintains a list of state-by-state alcohol-related laws as well as a section for the under 21-age group that includes facts, statistics, and myths about drinking.

Students Against Destructive Decisions (SADD)

www.sadd.org

A peer leadership organization that provides students with prevention and intervention tools to cope with the issues of underage drinking, drug abuse, and other destructive decisions.

Underage Drinking Enforcement Training Center (UDETIC)

www.udetc.org

The UDETIC mission is to provide science-based, practical, and effective training and technical assistance to states and communities working to combat underage drinking through law enforcement and environmental strategies. Resources include training, expert technical assistance, monthly audio teleconferences, publications, Web site, and annual Leadership Training Conference.

Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice

www.ojjdp.ncjrs.org

OJJDP provides Federal leadership on juvenile justice and delinquency prevention efforts, which include alcohol and other substance use and abuse prevention. In response to a congressional mandate, OJJDP is administering the Underage Drinking Laws program, which includes State grant and discretionary funds and training and technical assistance. These efforts complement other OJJDP-related initiatives, many of which respond to alcohol-related offenses, and the Enforcing the Underage Drinking Laws Program. Information on these initiatives and other OJJDP activities is available from the Juvenile Justice Clearinghouse.

**Center for Science in the Public Interest (CSPI),
Alcohol Policies Project**

<http://cspinet.org/booze>

This project focuses public attention on high-leverage policy reforms to reduce the harmful health and social consequences of drinking. The center is a source for information on policy issues such as alcohol taxes, youth and alcohol, and alcohol advertising.

Center on Alcohol Marketing and Youth (CAMY)

www.camy.org

CAMY at Georgetown University monitors the marketing practices of the alcohol industry to focus attention and action on industry practices that jeopardize the health and safety of America's youth. CAMY offers brochures, reports, fact sheets, video clips on their Web site, and other resources.

FACE: Truth and Clarity about Alcohol

<http://faceproject.org>

FACE (Facing Alcohol Concerns through Education) focuses on media development, training, and advocacy. Links to the product catalog and order form provide access to videos, commercials, outdoor advertising, and print materials that address the health and safety risks associated with alcohol. These media, and FACE training sessions, may be of particular interest to those working in the area of community norms.

Join Together

www.jointogether.org

A project of the Boston University School of Public Health, Join Together works with communities to implement evidence-based efforts to advance effective alcohol and drug policy, prevention, and treatment. Its Web site features daily news and in-depth feature articles, action alerts, resource listings, and tools for local action.

Join Together Indicators Handbook

<http://indicatorshandbook.org/indicators>

How Do We Know We Are Making a Difference? A Community Alcohol, Tobacco, and Drug Indicators Handbook.

Web site contains a menu of 27 substance use indicators including many that can be retrieved at the community level. The menu allows users to explore possible indicators for use in prevention needs assessments.

Leadership to Keep Children Alcohol Free

www.alcoholfreechildren.org

Leadership to Keep Children Alcohol Free is a coalition of Governors' spouses, Federal agencies, and public and private organizations devoted to preventing the use of alcohol by children ages 9 to 15. On the Web site are a variety of fact sheets and a guide on prevention strategies, *Keep Kids Alcohol Free: Strategies for Action*.

**American Medical Association (AMA), Office of
Alcohol and Other Drug Abuse**

www.alcoholpolicyMD.com

The AMA's Office of Alcohol and Other Drug Abuse focuses on reducing underage alcohol use. The office administers initiatives to support community coalitions, to reduce high-risk drinking on college campuses, and to engage health professionals in reducing and preventing alcohol problems.

Partnership for a Drug Free America's

www.drugfree.org

The Partnership is a nonprofit organization uniting communications professionals, scientists and parents. Best known for its national drug-education campaign, the Partnership's mission is to reduce illicit drug use in America. Resources include a Web-based interactive information resource center, parent-to-parent support network, a national toll-free call center and user-friendly online/offline tools. Web site has a section for kids and teens that provides guidance on what to do when your friends drink.

**The International Institute for Alcohol Awareness
(IIAA)**

www.beaawarenow.org

IIAA's mission is to promote policies, practices, and public messaging that will prevent alcohol abuse and underage drinking by discouraging heavy alcohol consumption—especially in high-risk situations—and reducing the availability of alcohol to youth. The organization works closely with Congress, federal government, states, business and industry, and organizations on issues related to underage drinking. It develops strategic alliances with private and public organizations and employs effective legislative, policy, communications, and grassroots strategies to achieve its policy priorities.

The Marin Institute

www.marininstitute.org

The Marin Institute describes itself as the “alcohol industry watchdog.” Its Web site contains reports and news briefs that seek to expose the alcohol industry’s harm and to support communities in their efforts to reject the influence of the alcohol industry.

The National Student Assistance Association (NSAA)

www.nasap.org

NSAA is a 501(c)(3) non-profit organization, formerly known as the National Association of Student Assistance Professionals (NASAP). The association was founded in 1987 by professionals who were concerned about the problems of student substance abuse, violence and academic under achievement. The organization’s Web site contains information about student assistance programming and other evidence-based practices.

COLLEGE-RELATED SOURCES**College Drinking—Changing the Culture**

www.collegedrinkingprevention.gov

Created by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), this Web site is designed to serve as a one-stop resource for comprehensive research-based information on issues related to alcohol abuse and binge drinking among college students. The site includes statistics and research briefs, college-oriented materials, and information/resources for college presidents/administrators, students, and parents.

The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention

www.higheredcenter.org

Funded by the U.S. Department of Education, the Higher Education Center’s purpose is to help college and community leaders develop, implement, and evaluate programs and policies to reduce student problems related to alcohol and other drug use and interpersonal violence. The Center favors a comprehensive approach to prevention and provides trainings, technical assistance, and publications to support these efforts.

The BACCHUS Network

www.bacchusgamma.org

The BACCHUS Network is a university and community based network focusing on comprehensive health and

safety initiatives. Its mission is to promote student and young adult based, campus and community-wide leadership on health and safety issues.

ALCOHOL INDUSTRY-RELATED ORGANIZATIONS**The Century Council**

www.centurycouncil.org

The Council is a non-profit organization funded by leading distillers. The organization is dedicated to fighting drunk driving and underage drinking by promoting responsible decision making about beverage alcohol. Efforts are concentrated in four areas: educational programs about alcohol for middle school through college students; research to identify solutions to drunk driving; culturally appropriate programs to prevent illegal underage drinking and drunk driving among Native American and Hispanic populations; and retailer programs with materials and promotions designed to deter minors from purchasing alcohol.

Beer Institute

www.beerinstitute.org

The Beer Institute represents the industry before Congress, state legislatures and public forums. The organization advocates the development of sound public policy that focuses on community involvement and personal responsibility. It sponsors multiple programs to address drunk driving, illegal underage drinking, and other forms of alcohol abuse.

Distilled Spirits Council of the United States (DISCUS)

www.discus.org

DISCUS the national trade association representing leading distillers, and serves as distillers’ voice on policy and legislative issues. The association advocates for responsible use and sponsors a “Don’t Serve Alcohol to Teens” campaign.

National Beer Wholesalers Association (NBWA)

www.nbwa.org

NBWA is a trade association that represents the interests of more than 2,750 beer distributors nationwide. The association promotes safety and education programs that help fight drunk driving and illegal underage purchase and consumption.

EXAMPLES OF FREE PRODUCTS AVAILABLE FOR UNDERAGE DRINKING PREVENTION AND REDUCTION



Too Smart to Start

www.toosmarttostart.samhsa.gov

A product of the Substance Abuse & Mental Health Services Administration (SAMHSA), *Too Smart To Start* is a public education initiative that provides research-based strategies and materials to professionals and volunteers at the community level to help them conduct an underage alcohol use prevention program. The materials are designed to educate 9- to 13-year-olds about the harms of alcohol use and to support parents and caregivers as they participate in their children's activities.



Too Smart to Start Implementation Guide

The materials contained in this guide are designed to help communities plan, develop, promote, and implement a local initiative to educate 9- to 13-year-olds and their parents about the harms of underage alcohol use and to support parents and caregivers as they participate in their children's activities.



Reach Out Now

Reach Out Now, SAMHSA's alcohol awareness and underage drinking prevention program that disseminates educational materials to national, state, local, and youth leaders. Program materials are designed especially for use by fifth- and sixth-grade students, their families, and their teachers. Program materials include a lesson plan and talking points, resource guides, true-false quiz and word-search puzzles, certificate templates for people who attend teach-ins, media kits and outreach materials. Materials are available for free download at www.teachin.samhsa.gov

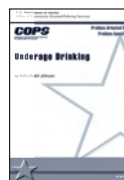
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Making the Link

The *Making the Link* fact sheets contain current statistics on a variety of topics relating to underage drinking, including health issues, access to alcohol, and public opinion. They were prepared by the Substance Abuse and Mental Health Services Administration/Center for

Substance Abuse Prevention to support the *Leadership to Keep Children Alcohol Free* initiative (PDF files): Fact sheets available for download at: www.alcohol-freechildren.org

- *Underage Drinking and Academic Performance*
- *Underage Drinking and Mental Health*
- *Underage Drinking and Access to Alcohol*
- *Underage Drinking and Public Opinion*
- *Underage Drinking and the Future of Children*
- *Underage Drinking and Risky Behavior*
- *Underage Drinking and Girls' Health*
- *Underage Drinking and Violence*



Underage Drinking

www.cops.usdoj.gov/files/RIC/Publications/e08042480.pdf

One in a series of *Problem-Oriented Guides for Police*, this Guide on Underage Drinking describes numerous effective environmental strategies and contains tools for use in assessing local underage drinking and assessing outcomes of efforts.

FOR YOUTH

The Cool Spot

www.thecoolspot.gov

Sponsored by the National Institute on Alcohol and Alcoholism (www.niaaa.hih.gov), the Cool Spot's content is drawn from research-based alcohol prevention curriculum for students in grades 6–8. The site includes the key elements of effective prevention programs: norms perception correction, facts about alcohol misuse, challenges to positive expectations, and information about peer pressure and resistance skills. The Cool Spot adapts this content in an engaging, interactive format featuring vivid graphics and characters drawn in the 'anime' style of Japanese comics. It focus tested very well in its intended audience of 11–13 year olds, who particularly appreciated the peer pressure and resistance skills sections. The site includes an interactive, 10-question assessment that educators can use to determine whether students have gleaned some of the site's key learning objectives.

FOR PARENTS



Start Talking Before They Start Drinking: A Family Guide

[http://family.samhsa.gov/media/familyguide/
Underagebrochure_10_27_released_2.pdf](http://family.samhsa.gov/media/familyguide/Underagebrochure_10_27_released_2.pdf)

A SAMHSA product, the guide tells parents what they need to know, say, and do to prevent underage drinking.

VIRGINIA RESOURCES

PUBLIC AGENCIES

Governor's Office for Substance Abuse Prevention (GOSAP)

www.gosap.virginia.gov



The GOSAP use Prevention (GOSAP) is authorized under §2.2-118, *Code of Virginia*, enacted by the 2000 Virginia General Assembly. Responsibilities

of GOSAP are “to assist in the coordination of substance abuse prevention activities of the Commonwealth, review substance abuse prevention expenditures by agencies of the Commonwealth, and determine the direction and appropriateness of such expenditures.”

Virginia's Community Profile Database

www.gosap.virginia.gov/communityprofile.htm



The Community Profile Database is Virginia's one-stop, web-based tool to put data in the hands of its citizens! Virginia's state agencies are collaborating to provide information that impacts the development of

Virginia's children and the well-being of Virginia's communities. Indicators included in the database come from a variety of areas including:

Civic participation	Gangs
Crime & violence	Health
Demography	Housing
Economy	Juvenile delinquency
Education	Substance abuse
Families & children	

Users may access a variety of data, organized by topical area or by risk and protective factor, to assist in using objective data to assess community needs and monitoring progress in addressing those needs.

Virginia Department of Alcohol Beverage Control (ABC)

www.abc.virginia.gov/Education

The mission of ABC's Education Section is to promote responsible consumption and distribution by licensees of alcoholic beverages to those of age and zero tolerance for underage consumption through the use of prevention initiatives that focus on environmental, educational and information dissemination strategies. ABC's *Project Sticker Shock* is designed to reduce youth access to alcohol through educating adult providers and to increase awareness and compliance with Virginia's Underage laws.

The resources listed below can be ordered using the downloadable order form at: [www.abc.virginia.gov/
Education/resources/GeneralOrderForm.pdf](http://www.abc.virginia.gov/Education/resources/GeneralOrderForm.pdf)

Brochures and Posters

Alcohol Effects and You Poster
Athletes “Play Smart” Sports Campaign Posters
Blood Alcohol Content (BAC) Brochure
Drinking and Driving Prevention Brochure
Fake ID Brochure
Fake ID Brochure: Foreign Language Editions
Has It Been A Year Yet? Bookmarks and Litter Bags
Parental Guide to Hosting Responsible Teen Parties
Play It Safe Spring Break Brochure
Project Sticker Shock Brochure and Poster

Responsible Party Hosting Brochure Kit
Solving the Puzzle of Underage Drinking Brochure
Spanish Alcohol Responsibility Poster
True Colors Bookmarks for Middle and High Schools
Virginia Alcohol Laws and Parental Responsibility Brochure (English and Spanish)
Virginia's Guide for Parents of First-Year College Students
"Will You Be Left Standing?" Poster

Grant Opportunities for Community Coalitions

ABC offers Community Coalition grants up to \$10,000 each year to support collaboration between local businesses, community organizations and state agencies, as they strive to promote zero tolerance for underage alcohol consumption through the use of prevention initiatives that focus on environmental, educational and information dissemination strategies in their respective communities. Funding for these grants is made possible through a federal grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

ABC Speaker's Bureau

ABC offices deliver alcohol education presentations to concerned citizens, management and staff at licensed establishments, middle and high schools, and colleges covering topics such as:

- How to prevent underage consumption
- Effects and consequences of underage consumption
- How to prevent underage consumption
- Media's influence on our youth in advertising alcohol

Licensee Trainings

Managers' Alcohol Responsibility Training (MART)

ABC offers training to help managers become more responsible and to better understand Virginia laws and regulations. Led by a team of ABC special agents, Managers' Alcohol Responsibility Training (MART) is a six-hour class, developed for managers of Virginia's on- and off-premise establishments.

Responsible Sellers and Servers (RSVP): Virginia's Program

Virginia ABC offers training to help sellers and servers become more responsible and to better understand ABC laws, rules and regulations. The training is for clerks, cashiers, wait staff and other "front line" employees. Responsible Sellers and Servers: Virginia's Program

(RSVP) is a three-hour class designed specifically for Virginia's on- and off-premise licensees led by a team of ABC special agents.

Prevent Underage Sales: Virginia's Alcohol Laws Training Packet

The packet includes a 20-minute video, a suggested implementation plan, a pre- and post-test, answers to the tests, seller/server first offense penalties, instruction on how to properly check IDs and spot fake IDs, policies and procedures to prevent underage alcohol purchases, manager responsibilities, additional resources, and an evaluation.

Virginia Department of Education (DOE)

www.safeanddrugfreeva.org/

Contact: JoAnn Burkholder, Joann.Burkholder@doe.virginia.gov

The DOE sponsors Virginia's Safe Schools Information Resource (SSIR), a Web-based resource that provides user-friendly access to information about crimes and other problem conduct in schools. The SSIR can be accessed at: <https://p1pe.doe.virginia.gov/pti>

The DOE's Safe and Drug-Free Schools Program works with local parent groups to sponsor one-day Operation Prom/Graduation Celebration workshops to train parents and others in how to hold alcohol/drug-free celebrations for teens. The 9th edition of *Celebrate Life! A Guide for Planning All-Night Alcohol/Drug-Free Celebrations* is available for download at www.doe.virginia.gov/VDOE/studentrvcs/celebrate_life.pdf

School divisions may choose to use a portion of their SDFSCA funding for underage drinking prevention when it addresses a locally identified need and evidence-based programs/activities are used.

Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS)

www.dmhmrsas.virginia.gov/OSAS-PreventionDefault.htm

Contact: Hope Merrick, Hope.Merrick@co.mhmrsas.virginia.gov

Virginia's public mental health, intellectual disability and substance abuse services system is comprised of 40 locally-run community services boards (CSBs) and 16 state-operated facilities. The 40 CSBs or Behavioral Health Authorities (BHAs) coordinate or participate in community prevention planning coalitions, working to develop a data-based plan for collaborative and non-duplicative prevention services. Prevention staff work

with CSBs/BHAs throughout Virginia in the implementation of prevention services. Additionally, 15 of the 40 CSBs/BHAs provide family strengthening programs for parents and their children in 42 counties and 11 cities. These programs are funded through competitive grants from DMHMRSAS. Each of the programs addresses the risk factors for underage drinking.

Prevention staff in DMHMRSAS work closely with the Substance Abuse Certification Alliance of Virginia to promote training and certification of prevention professionals. Substance Abuse Prevention Specialist Training (SAPST) provided by the Southwest Center for the application of Prevention Technology is scheduled to be offered throughout Virginia. The 3½ day course covers needs assessments, coalitions, planning, program implementation, evaluation, and environmental strategies. DMHMRSAS also participates in the planning and implementation of the one-week Virginia Summer Institute for Addiction Studies (VSIAS) held each summer that includes information about prevention and treatment programs in community, residential and correctional settings.

Virginia Department of Social Services (DSS)

www.dss.virginia.gov/

Contact: For Child Abuse Prevention: Ann Childress,
Ann.Childress@dss.virginia.gov

DSS sponsors the *Virginia Child Protection Newsletter*. The summer 2008 issue (Volume 82) features underage drinking and is available online at <http://psychweb.cisat.jmu.edu/graysojh>

DSS, in partnership with Prevent Child Abuse Virginia, distributes the Child Abuse Prevention Month Packet.

The packet for April 2009 will include camera-ready materials on a variety of topics, including underage drinking, that can be duplicated and disseminated by community agencies and organizations.

Virginia National Guard (VNG)

Contact: Mary C. Chipper, Lt Col, VaANG, Counterdrug Coordinator, mary.chipper@us.army.mil

The Virginia National Guard Counter-Drug Office offers free training, materials, and technical assistance in implementing *Stay on Track*, a program designed for middle school students. The program uses motorsport analogies to introduce and reinforce important concepts. Topics covered include: effective strategies for teamwork, the value of keeping both the human body and engine running at optimal levels of performance, knowing how to cope with stressful situations appropriately, making correct split-second and other decisions, and how to set and achieve future goals. Special emphasis throughout the program is given to alcohol, tobacco, marijuana, and inhalant use, due to their prevalence among middle school students. Also available are National Guard members trained to speak on related topics to youth and adult audiences.

Virginia State Police (VSP)

www.vsp.virginia.gov

Contact: Sgt. Lars Hermann, Crime Prevention Coordinator/
D.A.R.E. Program Supervisor, Lars.Hermann@vsp.virginia.gov

State Police Crime Prevention Specialists are available to make presentations on a variety of topics including underage drinking.

PRIVATE ORGANIZATIONS

The Community Builders Network of Virginia (The Network)

www.networkva.org/about.html

The Network is a statewide organization that provides support, advocacy, and networking and training opportunities to support youth and adult partnership throughout Virginia. The organization's objective is to support the development of healthy communities by fostering positive development of children and their families through effective prevention strategies.

Mothers Against Drunk Driving (MADD) Virginia

www.maddva.org

MADD works to prevent drunk driving, offer advocacy to the victims of this violent crime and prevent underage drinking. MADD maintains a list of state-by-state alcohol-related laws as well as a section for the under 21-age group that includes facts, statistics, and myths about drinking.

MADD Virginia and D.C. Office

5310 Markel Road, Suite 101, Richmond, VA 23230

Phone: 804-353-7121 Fax: 804-353-7122

Toll Free: 1-800-533-MADD(6233)

E-mail: office@maddva.org Web Site: www.maddva.org

MADD Northern Virginia Affiliate

(Arlington, Fairfax, Fauquier, Prince William Counties; Alexandria, Fairfax, Falls Church, Manassas, Manassas Park Cities)

PO Box 4248

Falls Church, VA 20177

Phone: 703-379-1135 Fax: 703-379-1930

E-mail: office@maddnova.org

Web Site: www.maddnova.org

MADD VIRGINIA COMMUNITY ACTION SITES

MADD Blue Ridge

(Amherst, Campbell Counties: Lynchburg City)

PO Box 15036

Lynchburg, VA 24502

Phone/Fax: 434-832-1113

E-mail: maddblueridge@aol.com

MADD Richmond Chapter

(Chesterfield, Dinwiddie, Goochland, Hanover, Henrico, Powhatan, Prince George Counties: Colonial Heights, Hopewell, Petersburg, Richmond Cities)

Phone: 804-278-9063

E-mail: office@maddva.org

MADD Bristol

(Bristol County and Washington County)

MADD Central Virginia Chapter

(Albemarle, Augusta, Fluvanna, Greene, Louisa, Madison, Nelson, Orange counties; Charlottesville, Staunton, Waynesboro Cities)

Phone: 434-295-4743

E-mail: office@maddva.org

Web Site: www.MADD.org/va/central

MADD Shenandoah Valley

maddshenandoahvalley@maddva.org

MADD Smith Mountain

Lake Regional Chapter

(Bedford, Botetourt, Franklin, Montgomery, Roanoke Counties)

Phone: 540-343-0429

E-mail: smithmountainlake@maddva.org

MADD Loudoun Chapter

(Loudoun County)

PO Box 4252

Leesburg, VA 20177

Phone: 703-771-8127

E-mail: maddloudoun@aol.com

Web Site: www.maddloudounva.org

MADD Southside Chapter

(Chesapeake, Norfolk, Portsmouth, Suffolk, Virginia Beach)

PO Box 3332

Norfolk, VA 23514

Phone: 757-412-1004

Fax: 757-626-1003**

**use cover sheet

MADD Peninsula Chapter

(York County: Hampton, Newport News, Poquoson, Williamsburg Cities)

Phone: 757-595-4101

Fax: 757-595-4619

E-mail: rampage@bellatlantic.net

For information on, or on areas not covered by the above, please contact the State Office.

Washington Regional Alcohol Program (WRAP)

1420 Spring Hill Road, Suite 250

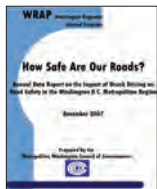
McLean, Virginia 22102

www.wrap.org

Founded in 1982, WRAP is an award winning, public-private coalition formed to fight drunk driving, drugged driving and underage drinking in the Washington-metropolitan area. Through public education, innovative

health education programs and advocacy, WRAP is credited with keeping the metro-Washington area's alcohol-related traffic deaths consistently lower than the national average. Area residents, however, may best know WRAP via the organization's popular free cab ride service for would-be drunk drivers, SoberRide.

The following publications and many others can be downloaded in .pdf format from the WRAP Web site.



“How Safe Are Our Roads?”

A Data Report on the Impact of Drunk and Drugged Driving on Highway Safety in the Washington Metropolitan Region
WRAP's 2007 annual highway safety

report produced by Washington Metropolitan Council of Governments.

WRAP's 2008 “Corporate Guide to Safe Celebrating and Safe Driving”

Annual at-a-glance reference on Washington-metropolitan area impaired driving laws, related facts and statistics, party tips and more!

WRAP's 2008 “School Resource Guide To Preventing Underage Drinking”

Annual at-a-glance reference to the most current underage drinking and impaired driving laws and consequences, related facts and statistics, activity suggestions and more!

“Ten Teen Tips for a Safe Summer”

WRAP's ten tips for parents to deter underage drinking and drunk driving this summer.

